

Save Time and Money With The Network Rewards Program

etwork Rewards is a program that will provide your practice with pricing assurance on 10 multi-source products every time you order. Unlike specials that are only in effect for a week or a month, the Network

Rewards program utilizes a unique "Quartile Pricing" concept that provides competitive pricing over time, eliminating the need to "shop" for the best price. Oncology Therapeutics Network (OTN) does the work for you.

Here are the products included in the program:

DRUG	TOESERPTION TO THE TOTAL MANUFACTURER	
Blenovane	Decimental Comments of the Bristol-Myers Squbb	_
Lyophilized Cyloxan	- P. Cale in phas pharmide and phase and a second s	
Mutamytin [®]	iz Milozofa i de indektoria i kaj	
Ruber*	Printing to the provider of the control of the Bristol-Myers Squibb	
VePeside for Injection	STEIGHESHERJINGHOW THE TENED TO THE TENED TO THE STEICH Bristol-Myers Squibb	
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Methotrexate	Metholiciale powiero preservative preservative in the immunex	•
Vinbiastine	Full Sava	
Vincasar [®] .	- vincustines preservative lice solution to the Parmacia & Upjohn	

How The Network Rewards Program Works

Quartile Pricing

For each drug in the Network Rewards program, we have reviewed the pricing of all OTN customers in the nation. These prices were then divided into quartiles defined as the high quartile, medium high quartile, medium low quartile and low quartile.



Network Rewards Program Pricing

age insert where applicable.
Comments and suggestions are welcome Address them to: Stasta Lord, Editor, The Network News; Oncology Therapeutics Network; 335 Opster Point Bhrd, Suite 405, So. San Francisco, CA 94080.

<u>The Network News</u> is distributed by Oncology

Corporation, D1998

The articles in this newsletter are not intended to serve as rules and policies for medical practice. Primary references

should be consulted. The

reader is encouraged to review the manufacturer's pack-

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Printed on recycled paper.

To begin the program, we will compare your practice's pricing to the quartile pricing. Any price currently paid by your practice that is above the Network Rewards price will be lowered to the Network Rewards price. Any price currently paid to OTN by your practice that is below the Network Rewards price will remain in place. OTN will provide a report to your practice listing all of your current program prices. Using this method,

your practice is assured of pricing that is within the lowest quartile on all Network Rewards products.

Choose 7 out of 10 Products

To participate in the Network Rewards program, you must buy at least 7 of the 10 Network Rewards products from OTN. Multiple sizes of the same product do not count as additional products. A simple enrollment form can be faxed to OTN to start your practice on the program.

Going Forward

OTN will review Network Rewards pricing on a monthly basis and compare Network Rewards prices with the lowest prices paid by all OTN customers during that same month. We will, if necessary, automatically lower your pricing going _ forward to represent pricing comparable with those of OTN customers in the low quartile. A report of your practice's current pricing will be faxed to you each month to keep you abreast of any changes.

JANUARY/FEBRUARY 1998 OTN TEL: 1-800-482-6700 FAX: 1-800-800-5673

BP 00797

Network Rewards Benefits

Save Money with the Assurance of Market Competitive Prices

As part of Network Rewards, we proactively review the best prices of all OTN customers and load them into our pricing files for your practice. When your practice places an order, you are automatically assured of the most current competitive prices on Network Rewards products of all OTN customers in the nation.

Save Time by Receiving Discounts Up-Front

Many practices report that they spend too much time "shopping" for the best prices. This is time that could be spent with patients. With Network Rewards, your practice is assured of our most competitive pricing without making time-consuming phone calls or watching for fax specials.

Avoid Worry with Price Protection on Your Multi-Source Drug Purchases

Network Rewards gives you the confidence that your pricing is protected on the majority of your multi-source drug purchases.

Early Payment Discounts

In addition to the low pricing your practice will receive as a participant in the Network Rewards program, OTN also offers an additional 1% and 2% discount for early payment. Or, you may choose to extend your payment to Net 75 Days or pay by credit card. Your practice may choose from the following four payment terms options:

- . 🗸 1% 30, Net 60 Days
- ✓. 2% Upon Receipt of Order
- ✓ Net 75 Days
- ✓ Credit Card, Upon Receipt of Order

Hassle-free, Low Pricing on Your Multi-Source Drug Budget

Network Rewards pricing, coupled with discounted payment terms, assure your practice of the most competitive prices of all OTN customers in the nation on your multi-source drug purchases. Your practice will receive these benefits without the worry and hassle of price shopping.

"Buyer acknowledges that is responsible for fully and accurately reporting to the reimbursing agency any discounts described above on any liters that is separately charged for payment under Medicare, Medicaid or any other federally funded state healthcare plan. Buyer also acknowledges that upon request by the Department of Health and Human Services or a state healthcare agency, it is reponsible for providing the requesting agency with information regarding such discounts.

Oncology Therapeutics

NETWORK

For more information on how your practice can start saving time and money with the Network Rewards Program, a copy of the current Network Rewards Price List and a Network Rewards enrollment form, contact your OTN account representative at

1-800-482-6700.

Network Dollars Program Ends December 31, 1997

program has provided savings to Oncology
Therapeutics Network's (OTN) customers
when they purchased products from OTN. Orders
for the following five products placed on or before
December 31, 1997, will earn Network Dollars:

- ◆ Blenoxane®
- ◆ Lyophilized Cytoxan®
- Mulamycin[®]
- ◆ Rubex[®]
- ♦ VePesid® for Injection

After December 31, 1997, a new program, called "Network Rewards" will be in effect (see article at left). If you would like more information sent or faxed to you regarding the Network-Rewards program, please call 1-800-482-6700 and ask to speak to the account representative for your area.

Thank you for your participation in the Network Dollars program.

Service of control reportable pontions acre is LAMI-LARY/FERRUARY 1998

BP 00798





Intron® A — HSA-Free —and— Original Formulation



(interferonAlfa-2b, recombinant)*

OTN offers Intron A in the following sizes and formulations:

220-151	0085-1184-01	19214	Intron A solution	3 MIU/0.5 mL	1	\$30.40
220-161	0085-1191-01	J9214	intron A solution	5 MIU/0.5 mL	1	\$50.70
220-171	0085-1179-01	19214	Intron A solution	10 MIU/1 mL	1 .	\$101.30
220-191	0085-1168-01	J9214	Intron A solution	18 MIU/MDV	. 1	· \$182.40
220-194	0085-1133-01	19214	Intron A solution	25 MIU/MDV	_1_	\$253.15

		dionesia Senife				
220-156	0085-1184-02	J9234	Intron A solution, Pak-3	3 MIU	-6-	\$30.40
220-166	0085-1191-02	19214	Intron A solution, Pak-5	5 MIU	6	\$50.70
220-174	0085-1179-02	. j 9 214 .	Intron A solution, Pak-10	10 MIU	6	\$101,30

Paks include six vials, six syringes, and six alcohol swabs

^{*} HSA-free formulation is recommended for intranuscular, subcutaneous, or intralesional administration. Intron A solutions for injection are not recommended for IV administration.

TOPPONE	that in the same					
M	STORE AND A	3 000	white was the			
220-150	0085-0647-03	J921 <i>4</i>	Intron A powder	3 MIU/MDV	1 .	\$30.4D
220-160	0085-0120-02	J9214 .	Inton A powder	5 MIUMDA ·	1	\$50,70
220-170	0085-0571-02	J9214	Intron A powder	10 MIU/MDV	1	\$101.30
220-175	0085-0285-02	J9214	Intron A powder	25 MIU/MDV	1	\$253.15
220-186	0085-1110-01	39214_	Intron A powder	18 MIU/MDV	1	\$182.40
220-180	0085-0539-01	J9214 ·	Intron A powder	50 MIU/MDV	1	\$506.70

Driginal formulation is recommended for intransucular, subcutaneous, intralesional, or intravenous administration.

Intron A is a product in QTN's Price Matching Program

Intron A Dosing Guide

N. P. LOLD	RECOMMENDED DOSAGE	RECOMMENDED VIAU-SIZE
INDICATION		
Chronic hepatitis C	DANCE STATE OF THE	-3 MIU/0.5 mL or Pak-3 or 18 MIU MDV
Chronic hepatitis B	2018年11日1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日	5 MIU/0.5 mL or Pak-5 or
	SOCIORIE REXIDENCE SECRETARIA DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE	10 MIU/1.0 mL or Pak-10
Malignant melanoma	THE REPORT OF THE PARTY OF THE	50 MIU powder/1.0 mL
		18 MIU powder/1.0 mL
Hairy-cell leukemia	STATE OF THE PARTY	5 MIU/0.5 mL or Pale 5 or 10 MIU/1.0 mL
		or Pak-10 or 18 MIU MDV
AIDS-related Kaposi's sarcoma		50 MIU/1:0 mL powder
Condylomata acuminata	(AND AND MALESTANDERS)	5 MIU/0.5 mL or Pak-5 or
Condition Econolism	以为为为不足的	10 M)U/1.0 mL or Pak-10

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Now Available!

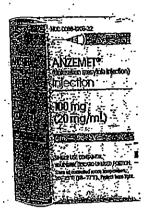
Anzemet

A New 5-HT₃ Receptor Antagonist (dolasetron mesylate injection/tablets) from Hoechst Marion Roussel

Excellent Efficacy and Safety Profile

olasetron mesylate (Anzemet) received final approval from the FDA on October 17, 1997.

- Anzemet Injection is indicated for the prevention of nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including high dose cisplatin.
- Anzemet Tablets are indicated for the prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy, including initial and repeat courses. .



For more information on dosing and administration, please contact your OTN account representative or your Hoechst Marion Roussel representative.

Great Value!

		THAT I	100	in end		(5)	N N
NUMBER SE	00088-1206-32	Anzemet	dolasetron mesylate	100 mg vial	1	\$70:00	\$149.88
900-250	00088-1203-05	Anzemet	dolasetron mesylate	, 100 mg tablets	5	\$289.75	\$330.00
970-300 970-305	00088-1203-29	Anzemet	dolasetron mesylate	100 mg tablets	5	\$289.75	\$330.00
. 3/0-303				blister pack		4570 FO	\$660.00
970-310	00088-1203-43	Anzemet	dolasetron mesylate	100 mg tablets	10	\$579.50	· 3000100
2. 3 2			<u> </u>	a unit dose		.	

Outstanding Support:

Reimbursement and Patient Assistance Program Hotline 1-888-895-2219

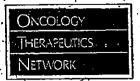
Call the Anzemet Hotline for help with reimbursement and patient assistance programs, Monday through Friday between 10:00 am and 6:00 pm ET.

Call OTN today at 1-800-482-6700 to place your order!

ONCOLOGY THERAPEUTICS

NETWORK

BP 00800



LEUKINE Liquid (GM-CSF, sargramostim)

From Immunex Corporation



✓ Easier to Use

- ✓ Multi-Dose Vial
- ✓ Bioequivalent to Lyophilized Powder
- . Saves Time .
- ✓ LEUKINE Liquid Quick Reference Guide Available from Immunex
- ✓ Less Waste and Saves Money

	Table 1					шжа	
222-116	58406-0050-30		GM-CSF (sargrar	nostin), solution	500	ncg MDV	\$210.25
		•					

Choice of PaymentTerms

Only through OTN: customers have four payment terms options: 1% 30, Net 60 Days; 2% Upon Receipt of Order; Net 75 Days; and Credit Card, Upon Receipt of Order.

Reimbursement Support

TImmunex Reimbursement Hotline:

1-800-321-4669

Bill for Leukine with J2820 per 50 mcg.

Now Available!

Neumega® (oprelvekin, IL-11)

from Genetics Institute

eumega (oprelvekin) has received final approval from the FDA and is now available through OTN.

Please contact your OTN account representative for more information.

TARREST STATE						
222-200 58394-0004-01			ph pwd with diluer		1/box	192.55
222-207 58394-0004-02	Neumega opi	elvekin, sterile lyc	թի թաժ այր գլի	nt 5 mg	. 7/box	192.55

Call OTN today and place your order: 1-800-482-6700

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Respond To Today's Healthcare ChallengesWith Lynx™

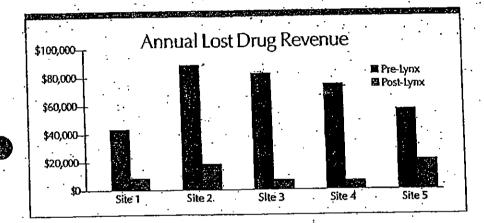
ynx is the point-of-care drug dispensing and tracking system developed specifically for office-based oncology practices. This easy-to-use, fully integrated system links ordering, dispensing, tracking, billing, and reporting — ending time and labor intensive manual inventory management procedures, while simultaneously capturing treatment information for your practice.

Capture Lost Revenue

The Lynx system captures billing information at the time of care, versus after the fact inanual recording. As drugs and supplies are removed from the system, Lynx provides complete charge information for the billing department via transaction receipts and reports. This feature virtually eliminates unbilled drug charges, which currently represent a 5% loss of drug revenue per year for the average practice.







This graph illustrates the lost drug revenue in five practices both before and after installation of the tynx system. In each practice, actual drug usage and drug billings were calculated one month before and one month after the installation of Lynx.

A comparison of drug billings versus actual drug usage was then made to determine lost drug

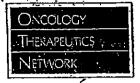
charges. The results of each period were compared to calculate the percentage of lost charges before and after the installation of Lynx.

A significant reduction in lost drug revenue was seen in all five practices, post-lynx installation. Pre-lynx installation, the average lost drug revenue for these practices was 5%. Following the installation of Lynx, these losses were negligible.

Call your OTN representative today to find out how to put the power of Lynx to work in your practice: 1-800-482-6700

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BP 00802



FARESTON[®] (toren

(toremifene citrate) 60 mg Tablets

From Schering



Indication and Usage:

ARESTON is indicated for the treatment of metastatic breast cancer in postmenopausal women with estrogen-receptor positive or unknown tumors.

Description:

FARESTON (toremifene citrate) tablets for oral administration each contain 88.5 mg of toremifene citrate, which is equivalent to 60 mg toremifene. FARESTON is a nonsteroidal antiestrogen. FARESTON is available only as tablets for oral administration.

Dosage and Administration:

The dosage of FARESTON is 60 mg, once daily, orally. Treatment is generally continued until disease progression is observed.

FARESTON Tablets

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
NDC	Unit Size	Order Oty
0085-1126-01	60 mg	- 30 tablets
0085-1126-02	60 me	100 tablets



Reimbursement Information

Please contact Schering's

COMMITMENT TO CARESM Program

at 1-800-521-7157

for reimbursement and product
information.

HCPCS Code Changes for 1998

he HCFA Common Procedure Coding
System (HCPCS) Editorial Panel recently
announced coding changes effective for
Medicare claims beginning January 1, 1998.
Services provided on or after January 1, 1998,
should be filed using the 1998 codes. Services
rendered in 1997 should continue to be billed with
the 1997 codes. HCFA has granted a grace period

to allow physicians to incorporate the changes into their practices. The 1998 charges received prior to April 1, 1998, may be filed with either the 1997 or 1998 codes.

Specific questions about these codes and requests for a complete list of code changes should be directed to your Medicare carrier.

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	RITEISES
DELETE	PRODUCT
	Injection, Amilostine
	Injection, Clonidine Hydrochloride
	Injection, Cidolovir
	Injection, Epoprostenol
※ 	Injection, Immune Globulin, Intravenous
	Injection, Immune Globulin, Intravenous
	Injection, Respiratory Syncytial Virus
J1625	Injection, Granisetron Hydrochloride
F	Injection, Granisetron Hydrochloride

		•
NEWS DILE	T LINE	PRODUCT
		Injection, Ibutilide Furnarate
51 10 10 10 10 10 10 10 10 10 10 10 10 10	100 Marie	Injection, Interferon Beta-1A
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ONCOLOGY DRUG UPDATES

Rituximab (Rituxan, Genentech/IDEC)

n November 26, 1997, U.S. Food and Drug Administration (FDA) approved nituumab (Rituxan) for the treatment of relapsed or refractory low-grade or follicular CD20 positive B-cell non-Hodgkirs lymphoma. Approximately 120,000 patients suffer annually from this disease. This product will be co-promoted in the US market by both Genentech and IDEC Pharmaceuticals. The product will require refrigeration and is now available through OTN.

THERAPEUTICS NETWORK FDA

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FDA New Drug Approvals

Oprelvekin (Neumega® Genetics Institute)

n November 25, 1997, U.S. Food and Drug Administration (FDA) approved oprevekin (Neumega) for the prevention of severe thrombocytopenia and the reduction of the need for platelet transfusions following myelosuppressive chemotherapy in patients with nonmyeloid malignancies who are at risk of severe throm-bocytopenia. The product will require refrigeration and is now available through OTN.

Aldesleukin (Proleukin® Chiron Corporation)

n January 16, 1998, the Oncologic Drugs Advisory Committee of U.S. Food and Drug Administration (FDA) granted approval of aldesleukin (Proleukin) for injection for the treatment of adult patients with metastatic melanoma. This recommendation was based on the data from eight clinical trials evaluating Proleukin in a total of 270 patjents with metastatic melanoma.

In these trials, 16% (43/270) of the patients responded to Proleukin and approximately half of these patients (22/43) remain alive over four years after treatment. In an analysis of the data presented, Proleukin produced a complete response in 6%

(17/270) of patients. A complete response was defined as the total disappearance of tumors for two consecutive observations at least 28 days apart. Approximately 60% of the 17 patients who achieved a complete response have remained in remission for greater than five years without further treatment. The median duration of complete response has not yet been observed, but is at least 40 months. By comparison, the median duration of partial response was 5.9 months. These data indicate that durable responses can be achieved in some metastatic melanoma patients treated with Proleukin.

Current Treatments For Bladder Cancer

ver the past decade, therapies for bladder cancer have changed very little. As medical therapies proceed into a new era, novel treatment options are moving through various phases of clinical testing. Treatment options for bladder cancer are based on the stage of the tumor, the severity of the symptoms, and coexisting medical conditions. The goal of therapy for local disease (noninvasive tumors) is to obtain control of the tumor with minimal side effects and prolonged disease-free and overall survival. Patients with invasive bladder cancer can rarely be cured; therefore, treatment is mainly palliative with the following goals: (1) to increase overall survival, (2) to provide long-lasting control, (3) to avoid cystectomy, (4) to reduce morbidity, and (5) to improve overall quality of life.

Local (Noninvasive) Disease

Standard treatment for noninvasive tumors consists of removal of the lesion (transurethral resection) and administration of local chemotherapy through a foley catheter (intravesical administration). Intravesical chemotherapeutic agents employed include doxorubicin, thiotepa, mitomycin-C, Bacillus Calmette-Guerin (BCG) vaccine, interferon alfa 2b, and thiotepa (see Table 1, page 10). Although various times of administration have been studied, instilling the chemotherapy preoperatively appears to prevent tumor recurrence to a greater degree than postoperative instillation.

A new immunotherapy treatment approach for bladder cancer is the use of photodynamic therapy mediated by 5-aminolevulinic acid (ALA).

Current Treatments

Continued on the following page

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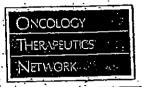


Table 1 - Selected Treatment Regimens for Bladder Cancer

Efflorage in C 20-40 mg in 20-40 mi, sterils water Repeat up to 3x wiently to a total of 20 doses

. 60 mg la 30-60 mi normai saline

COMBINATION CHEMOTHERAPY REGIMENS

Cisplatin 100 mg/m² N Metholicoath Vantastino	(12 hrs. after methobrecate) 30 mg/m² IV Days 1, 6 4 mg/m² IV Days 1, 8
Repeal every 3 weeks	
EMILE	

30 cog/m² IV Days 1, 15, 22 . 3 mg/m² IV Days 2, 15, 22 30 mg/m² IV Day 2 Violentina Cisplatia 70 mg/m² IV Day 2 Repeat every 4 weeks

650 mg/m² IV Day 1 ...50 mg/m² IV Day 1 .100 mg/m² IV Day 2 Cisplatin Repeal every 3-4 weeks

____ 0.11 mg/kg/day IV Days 1 ____ 1200 mg/m²/day IV Days 1 ___ 300 mg/m²/day CIV Days 1 Gallium olbrate Calcibiol .0.5 m/day PO Days-3-5 Repeal every 3 weeks

SINGLE-ACENT CHEMOTHERAPY REGIMENS

1200 mg/m²/đay IV Days 1, 8, 15 Commission .

Pacilitate1
Pacilitate1 _ 250 popular IV over 24 hours on Day 1 Repeat every 3 weeks

Dimetroale

B mo/m²/day Days 1-5

Photodynamic therapy uses photosensitizing agents and laser light to detect and destroy cancer cells. Other immunotherapeutic agents in development include keyhole-limpet hemocyanin (KLH) and brookimine. Bropirimine is an oral anticancer drug that induces interferon-alpha and has direct antiproliferative activity. It has been evaluated for noninvasive bladder carcinoma with favorable response rates (42% efficacy rate) and is currently in phase IMI clinical trials.

Invasive Disease

Standard therapy for muscleinvasive bladder cancer has been radical cystectomy, as this provides the least chance of recurrence. Recently, however, treatment of invasive disease includes the use of neo-adjuvant chemotherapy. Regimens used prior to cystectomy include carboplatin, methotrexate, and vinblastine and cisplatin and doxorubicin. Neo-adjuvant treatment appears to improve long-term survival after cystectomy; however, results are mixed. Bladder-sparing treatment options, which have equivalent. results to radical cystectomy, include single-agent chemotherapy, combination chemotherapy, and combination chemotherapy and irradiation (chemoradiotherapy). Cisplatin

remains the most active single chemotherapy agent; however, in an effort to achieve adequate response rates with minimal toxicity, attention has turned to new chemotherapy agents. New agents under investigation include ifosfamide, gallium nitrate, trimetrexate, paclitaxel, gemcitabine, and piritrexim. Oral piritrexim, a second-generation antimetabolite, is active in the treatment of bladder cancer. Its use will most likely be for palliative treatment in patients who cannot tolerate aggressive chemotherapy or in combination chemotherapy regimens. Genetabine has been recently evaluated as a single agent in patients with metastatic bladder cancer. It is also an effective agent and will most likely be used in combination regimens. Paclitaxel is effective as a single-agent regimen (250 mg/m2 intravenously over 24 hours) and also appears effective in a lower dose as part of a chemoradiotherapy combined modality

Combination chemotherapy regimens of methotrexate, vinblastine, doxorubicin, and cisolatin (M-VAC) and cisplatin, methotrexate, and vinblastine (CMV) remain the gold standard for patients with advanced bladder cancer. A novel, non-cisplatin containing regimen, which appears equal to M-VAC with less toxicity, is vinblastine, itoslamide, and gallium nitrate. Phase III trials comparing the two regimens remain to be performed. Other combination modalities which show promise include protracted intravenous infusions of cisplatin and 5-fluorogracil during hyperfractionated radiotherapy and combined intra-arterial administration of cisplatin and doxorubicin with radiotherapy.

Finally, other entities under development for the treatment of bladder cancer include monoclonal antibodies (C225, anti-EGFR chimeric Mab, ImClone Systems), biologic markers (bromodeoxyuridine, NC), Neopharm), and cell sensitizers (etanidazole, Roberts Pharmaceutical).

Ongoing Research

Angiogenesis and Antiangiogenesis Agents

Angiogenesis-

Angiogenesis is the development of new blood vessels from those pre-existing. This phenomenon has been linked to tumor growth, invasion, and metastasis as part of a complex process. Several recent reviews outline the mechanisms of tumor angiogenesis as well as formulate strategies for potential clinical application of anti-angiogenic agents under investigation.12,3

The factors responsible for a change from cell homeostasis to activated tumor angiogenesis are not completely understood. The balance of proangibgenic and antiangiogenic factors is important in maintaining tumor dormancy. In the quiescent state, the rate of cell apoptosis balances that of proliferation. Acquisition of the angiogenic phenotype leads to a decrease in the apoptotic rate of tumor cells. This shifts the balance in favor of

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ONCOLOGY DRUG UPDATES

Oncology Therapeutics Network

proliferation. One possible mechanism for acquiring the angiogenic phenotype may involve a change of a tumor suppressor gene with a subsequent decreased production of an angiogenic inhibitor. As an example, the p53 gene controls the synthesis of thrombospondin – 1 (TSP-1), a potent inhibitor of angiogenesis. Loss of p53 gene function through mutation is associated with diminished expression of TSP-1 as well as an ensuing switch to the angiogenic phenotype.

In addition, the process of angiogenesis requires the direct interaction of endothelial cells with their surrounding matrix. 🦡 The microvascular endothelial cells release "angiogenic polypeptides" [e.g., basic fibroblast growth factor (bFGF), vascular endothelial growth factor (VEGF), and interleukin-8 (IL-8)). These endogenous polypeptides have demonstrated activity to promote tumor growth and migration. As well, matrix metalloproteins (MMPs) facilitate migration of endothelial cells and tumor cells through tissue extracellular matrix by breaking down the tissue matrix surrounding the growing tumor and vessels. Therefore, the presence and activity of MMPs is required for both angiogenesis and metastasis. VEGFs, VEGF receptors, and MMPs are significantly "up-regulated" in several tumors but not in normal tissue, suggesting their importance for tumorassociated angiogenesis.

There is increasing evidence linking the degree of angiogenesis in the primary tumor to the risk of developing metastatic disease (as well as disease-free and overall survival). For example, there is a significant correlation between the degree of primary tumor neovascularization (as measured by the number of vessels per microscopic field) in primary breast cancer surgical specimens and the subsequent development of metastatic disease. In several tumor types, microvessel density of the primary tumor correlated positively with the propensity for metastasis, recurrence, or negative survival outcomes. Interestingly, the shedding of tumor cells into the systemic circulation is quantitatively related to the surface area of tumor vessels. This finding may explain why

tumors with high angiogenic indices correlate with an increased risk of metastasis and decreased survival.

Antiangiogenesis and Therapy

In order to evaluate tumor states, prognosis, and potential anti-angiogenic agents, reliable markers or indices of angiogenesis are needed. Examples might include measuring tissue blood flow, measuring changes in tumor metabolism (e.g., via positron emission tomography), measuring vascular density (via magnetic resonance imaging), or serum or urine polypeptide levels (e.g., VEGF or bFGF). A reliable measure has yet to be developed despite reports of some correlations.

Strategies for antiangiogenic therapy are similar in that the agents affect a specific component of the angiogenesis pathway or affect pre-existing tumor vasculature. Most antiangiogenic agents currently in clinical trials interfere with the response of endothelial cells to endogenous angiogenic polypeptides. Some agents inhibit the activity of MMPs (MMPIs). The remaining agents either inhibit tumor neovascularization or destroy tumor neovasculature directly ("targeted therapy").

TNP - 470 (AGM-1470)

TNP-470 is more potent and less toxic than a previous analog, fumgillin. It inhibits in vivo growth of several murine tumors and human xenografts and is currently in phase I trials in patients with Kaposi's sarcoma and early phase II trials in patients with solid fumors including central nervous system (CNS) tumors. Early reports demonstrate the drug is well-tolerated. Reversible cerebellar toxicity is the dose-limiting adverse effect.

Platelet Factor 4 (PF4)

PF4 is a naturally occurring agent withpotent antiangiogenic activity. It inhibits both
endothelial cell proliferation and migration
by binding to glycosaminoglycans, thus
preventing bFGF from binding to its
receptor. Today, it is in phase I trials in
patients with solid tumors and Kaposi's
sarcoma. Also, a phase II trial investigates its
intratumoral administration in patients with
primary brain tumors. Toxicities are mild and

include local injection site reactions, mild phlebitis, fatigue, and anemia.

Tecogalan (DS4152, SP-PG)

Tecogalan is a sulfated polysaccharide peptidoglycan complex derived from a cell wall polysaccharide of Arthrobacter Sp. It demonstrates in vitro inhibition of endothelial cell growth and in vivo antitumor effects against both murine tumors and human xenografts. Phase I clinical trials are ongoing using tecogalan in patients with solid tumors. Its dose limiting toxicity is anticoagulation fincreased PTT); other reported adverse effects are fever and rigors.

Thalidomide

Despite its well-known embryotoxic effects, thalidomide has useful immunomodulatory activity. It has recently been shown to have potent antiangiogenic properties and is being investigationally studied for patients with various malignancies including Kaposi's sarcoma, breast cancer, prostate cancer, and primary brain tumors.

Batimastat (BB-94)

This agent inhibits the activity of MMPs (MMP)). Phase I trials are currently underway; however, its intraperitoneal and intrapleural routes of administration limit its utility.

Marimastat (BB2516)

Matimastat is an MMPI that can be administered orally. Currently, patients with prostate, ovarian, and pancreatic cancers are being enrolled in phase I studies investigating this agent. Adverse effects reported include joint and muscle pain and stiffness. Tumor markers such as PSA, CA-125, and CA 19-9 have been affected positively in approximately half the patients treated with marimastat.

CM101

Unlike the previous agents, CM101 has antiangiogenic properties with inhibitory effects on established turnor neovasculature. It is a group B Streptococcus polysaccharide which binds preferentially to capillary endothelium. Subsequently, vascular and cellular inflammatory reactions with the tumor yessels occur. Several.

Continued on the following page

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DS

BP 00806



References:

Pluda JM. Sem. Oncol. 1997; 24 (2): 203-18.

Harris AL, Lancer 1997; 349 (Supp2): 13-15.

Sactarides TJ, Surg Clin. North Am. 1997; 77 (1): 253-60.

ONCOLOGY DRUG UPDATES

endogenous cytokines (TNF - 12, MIP - 12, IL-6, IL-8, and IL-10) increase systemically following CM101 administration. Phase I studies in Kaposi's sarcoma patients are planned.

Interleukin-12 (IL-12)

IL-12 has potent anti-angiogenic activity mediated by induction of interferon-g (INF-1). The latter induces a protein (IP-10), which is a potent inhibitor of angiogenesis in vivo. In addition, IL-12 enhances proliferation of activated T and natural killer (NK) cells. Phase I and II clinical trials involving IL-12 are ongoing in Kaposi's sarcoma patients. Both its direct antitumor and

antiangiogenic activities are being investigated.

Anliangiogenic drugs may not cause tumor regression, but rather inhibit growth of the invading edge of the tumor (i.e., cytostatic). Utilization of these agents will most likely be in combination with a cytotoxic chemotherapeutic agent or with another modality such as radiation therapy. Since antiangiogenic agents appear to be more effective against a smaller tumor, early application (i.e., small volume disease) may prove to be useful. Their use in patients with advanced or metastatic disease should also be considered in combination with salvage chemotherapy.

Sourcebook Update Fall/Winter 1997/98 Product And Pricing Changes

3. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	7.50				
					FILE STATES
920-100	Rocephin	Celtriaxone Sodium, powder	500 mg	\$21.80 \$37.30	1
920-110	Rocephin	Celtriaxone Sodium, powder	1000 mg 2000 mg	\$74.10	1
920-120	Rocephin	Celtriaxone Sodium, powder		\$651.50	
920-210	Vistide	Cidofovir, injection, (75 mg/5ml)	5 m)·		NEW
900-250	Anzemet	Dolasetron, solution	100 mg	\$70.00	NEW
970-300	Anzemel	Dolasetron, tablets, 5/PK	100 mg	\$289.75 \$289.75	NEW
970-305	Anzemel	Dolasetron, tablets, 5/8TL	100 mg 100 mg	-\$579,50	NEW
970-310	Anzemel	Dolasetron, tablets, 10/BTL		\$31.00 -	<u> </u>
840-150	Romazicon	Flumazenil, solution (0.1 mg/ml) (X10)	0.5 mg MDV 1 mg MDV	\$49.30	
840-160	Romazicon	Flumazenil, solution (0.1 mg/ml) (X10)		\$66.05	
800-902	Gemzai	Gemcitabine HCI	200 mg	\$330.15	2
800-910	Gemzar	Gemcitabine HCl		\$267.00	
902-300	Idamycin	Idarubicin HO, powder	5 mg 70 mg	\$534.00	7
902-310	Idamycin	Idarubicin HCI, powder		\$30.75	·
847-010	Gammar P	Immune Globutin IV 5%	։ 1 gm 2,5 gm	\$96.00	7 .
847-025	Gammar P	Immune Globulin IV 5%	2 ສູ ຊູກາ 5 ຊູກາ	\$192.00	Ī.
847-050	Cammar P	Immune Globulin IV 5%	- 10 gm	\$384.00	<u> </u>
847-100	Gammar P	Immune Globulin IV 5%	0.3 ml	\$31.95	NEW
220-405	Intergen	Interferon alfacon-1 9 mcg (X6)	0.5 mi	\$53.25	NEW .
220-400	Infergen	Interferon alfacon-1 15 mcg (X6)	2 m3	. \$171.50	NEW
901-292	Camptosa <u>r</u>	Innotecan HCI (20 mg/ml)	10 m²	\$4.00	NEW
240-100	Abbott	Leucovorin Calcium Predilute (10 mg/ml)	າບ ms 25 m³	\$10.00	NEW
240-250	Abbott	Leucovorin Calcium Predilute (10 mg/ml)		\$299.00	A
960-000	IV Alkeran	Melphalan HCI, powder	50 mg - 50 per bottle	\$87.00	. 🚡 -
960-010	Alkeran	Melphalan HCI, tablets, 2 mg	2.5 ml	\$102,00	<u> </u>
910-100	Depo-Provera	Medroxyprogesterone Acetate, solution (400 mg/m)	2.5 mi ·	\$384.00	7
<u>910-710</u>	Depo-Provera	Medroxyprogesterone Acetate, solution (400 mami)		\$2.45	
840-550		Methylprednisolone Sod. Succ. w/1 ml diluent (x10)	40 mg 125 mg	\$4.70	<u> </u>
840-555		Methylprednisolone Sod. Succ. w/2 ml diluent(x10)	500 mg	\$10.00	
840-560		Methylprednisolone Sod. Succ: w/4 ml diluent (x10) Methylprednisolone Sod. Succ. w/8 ml diluent (x10)	1000 mg	\$17.80	A
<u>840-565</u>			2 mg	\$48.00	
960-300		Midazolam, solution (1mg/ml), C-IV Midazolam, solution (5mg/ml), C-IV	. 2 ms.	\$105.50	. 🛦
960-310			5 mg	\$192.55	NEW
222-200		Opreivekin, powder Opreivekin, powder (x7)	5 mg	\$192.55	NEW
222-207			30 mg MDV	\$140.26	Catalog #
900-400		Pacitiaxel, solution (6 mg/ml) Pacitiaxel, solution (6 mg/ml)	100 mg MDV	\$467.53	Change
900-450			10 ml MDV	\$30.50	
841-635	Compazine	Prochlorperazine, solution (5 mg/ml)	10 IIII 01	45,020	Calf change
	_ 	Dischark colution	100 mg	\$338.25	NEW
223-70		Rituximab, solution Rituximab, solution	500 mg	\$1,690.75	NEW
223-710			1 g	\$75.00	
202-40		Streptozocin, powder		\$443.00	
901-28		Topotecan HCI, lyophilized powder (single vials)	4 mg 4 mg	\$443.00	- ₹
- 901-28	0 Hýcamtin	Topotecan HCI, lyophilized powder (x5)	4 mg	\$773,UU	

▲ Reflects a price increase ▼ Reflects a price decrease → Reflects a product description change

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REIMBURSEMENT

Average Wholesale Prices and 1998 HCPCS Codes

s a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commonly used in cancer treatment. Products are listed alphabetically by their generic name. The AWPs are obtained from the 1997 Red Book and the January 1998 Red Book Update.

For drugs that have multiple manufacturers, the AWP for the product that OTN most commonly stocks is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units in the right two columns. Please refer to the Sourcebook for a complete listing of HCPCS codes.

Oncology Therapeutics Network

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			NO CAR		
oleukin Aldesleukin, pwd (Interleukin-2)	22 MIU	53905-0991-01	442,00	<u> J9015</u>	per 22 MJU
DINIOCOTIE	i00 mg	17314-7253-03	322.92	<u> 10207 </u>	per 500 mg
ingizone® Amphotericin B Oral Suspension	24 mL	00087-1162-10	<u> 26.25</u>	J9999*/J3	490°
lenorane Bleomycin sulfate, pwd	15 units 30 units	00015-3010-20 00015-3063-01	304.60 609.20]9040]9040	per 15 units per 15 units
araplatia Carboplatin, pwd	50 mg 150 mg 450 mg	00015-3213-30 00015-3214-30 00015-3215-30	93.46 280.33 840.99	19045 19045 19045	per 50 mg per 50 mg per 50 mg
SONL?	100 mg	00015-3012-38	92.94]9050	per 100 mg
agamer ^e Cimetidine HCl, sol (150 mg/mL)	300 mg	00108-5017-16	3.96	<u>)99997</u>	34901
PlaimoP-AQ Cisplatin, sol (1 mg/mL)	50 mg MDV 100 mg MDV-	00015-3220-22 00015-3221-22	195.00 389.98)9062)9062	per 50 mg per 50 mg
Leustaling Cladnbine, sol (1 mg/mL)	10 mg	59676-0201-01	496.80	<u> </u>	per 1 mg
Cycoxar Lyophilized Cyclophosphamide, lyophilized	100 mg 200 mg 500 mg	00015-0539-41 00015-0546-41 00015-0547-41 00015-0548-41	6.45 12.25 25.71 51.43	J9093 J9094 J9095 J9096	per 100 mg per 200 mg per 500 mg per 1 per 2
Cytoxan Tablets Cyclophosphamide, tablets, 25 mg Cyclophosphamide, tablets, 50 mg Cyclophosphamide, tablets, 50 mg	1 g 2 g 100 per bottle 100 per bottle 1,000 per bottle	00015-0549-41 00015-0504-01 00015-0503-01 00015-0503-02	102.89 181.03 332.21 3,164.15)9097 8530 8530 8530	25 m 25 m 25 m 25 m
Cytarabine, pwd	100 mg 100 mg 500 mg	00364-2467-53 55390-0131-10 00364-2468-54	6.00 6.25 23.06 25.00]9100]9100]9110	per 100 m per 100 m per 500 m
•	. 500 mg 1 g 2 g	55390-0132-10 55390-0133-01 55390-0134-01	50.00 98.90	19110 19110 19110	рег 500 m рег 500 п рег 500 п
DTIC-Dame Dacarbazine, pwd	. 100 mg 200 mg	00026-8151-10 00026-8151-20	13.83 22.23	19130 <u>19140</u>	per 100 n per 200 n
Daunoxiome Daunoxibicin citrate liposome ini. (1 mg/m	t) 50 mg	56146-0301-01	287.50	1999991	3490° per 50 r
Cerubidine Daunorubicin HCI, pwd	20 mg	55390-0281-10	168,50	<u>)9150</u>	per 10 r
DDAVP Desmopressin Acetate, sol (4 mcg/ml)	1 mL	00075-2451-01		12597	
Dexamethasone, sol (10 mg/ml) Dexamethasone, sol (4 mg/ml)	100 mg MDV 20 mg MDV 120 mg MDV	UU517-49U5-25	. 12.00 . 2.19 . 7.84)1100)1100 <u>)110</u> 0	up to 4 mg/
Zinecard ^M Degrazoxane for injection	250 mg 500 mg	00013-8715-62 00013-8725-89	152.39 304.76]119]119	D per 250
Diazepam, sol (5 mg/ml)	10 mg 50 mg	00364-0825-48 00364-0825-54	3.60 21.97]336]336	<u>0 μήνο5</u>
Diphenhydramine HCl, sol (10 mg/ml) Diphenhydramine HCl, sol (50 mg/ml)	300 mg 500 mg MD 50 mg	00364-6530-56 V 00364-6531-54 - 00641-0376-25	7.51 10.00 0.67]120 120 <u>]</u> 120	տ≎ տրևօ50
Taxotere Docelaxel for injection	20 mg BD mg	00075-8001-20 00075-8001-80	257.92 1,031.68	1917 1917	0 per 20 0 <u>per 20</u>

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REIMBURSEMENT	VIAL.	र के इस १५ वर्ग के प्रति	DECEMBER	'98 HCPCS	BILLING
ODUCT	SIZE	NDC	AWP/YIAL	CODE	UNITS
nzemet Dolasetron mesylate, sol (20 mg/ml)	5 <u>ml</u>	00088-1205-32	149.88	B490	per 100 mg
ubex Doxorubicin, pwd	50 mg - 100 mg	00015-3352-22 00015-3353-22	197.15 394.29	19000 19000	per 10 mg per 10 mg
ledford Laboralories Doxorubign, pwd	10 mg	55390-0231-10 55390-0232-10	45.08 90,16	19000 19000	per 10 mg per 10 mg
ABO.	20 mg 50 mg	55390-0233-01	. 225 40]9000	per 10 mg
Doxombicin, sol Q mg/mL)	10-mg 20 mg	55390-0235-10 55390-0236-10	47.35 94.70	19000 19000	per 10 mg per 10 mg
add	50 mg 200 mg MDV	55390-0237-01 55390-0238-01	236.74 945,98]9000]9000	per 10 mg per 10 mg
Adriamycin [™] • Doxosubicin, RDF pwd	10 mg	D0013-1086-91	48.76	J9000	per 10 mg.
- 1/	20 mg 50 mg	00013-1096-94 00013-1106-79	92.00 243.80)9000 -)9000	per 10 mg per 10 mg
•	50 mg 150 mg MDV	00013-1116-83	716.76 ·)9000)9000	per 10 mg per 10 mg
Doxombicin, pls sol (2 mg/ml)	10 mg	00013-1136-91 00013-1146-94	51.21 96.63)9000	iber 10 mž
: d.	50 mē	00013-1156-79 ⁻ 00013-1176-87	256.06 384.09	19000 19000	per 10 mg per 10 mg
• 0	75 mg 200 mg MDV	00013-1166-83	946.94	<u> </u>	per 10 mg
DOXIL® Doxorubicin, HCl liposome inj. Qmg/m	11) 20 mg	61471-0295-12	606.25	<u>}9999*</u>	
Procrie Epoetin alfa 2,00	XO units/ mL	59676-0302-01	24.00	Q0136' Q0136'	1,000 units 1,000 units
1 3,00	00 ນກ່າຍ/ mL 00 ນກ່າຍ/ mL	59676-0303-01 59676-0304-01	36.00 48.00	Q0136!	1,000 unit
J . 10.04	00 ນກຳຮ/ mt	59676-0310-01 V 59676-0320-01	117.96 235.92	Q0136 ¹ Q0136 ¹ .	1,000 ម្ <u>រាប</u> 1,000 ម្ចាប់
20,0	00 units/1 mL MD 00 units/2 mL MD		235.92	<u>Q0136</u>	1,000 unit
VePesid Capsules Eloposide, capsules, 50 mg VePesid For Injection	20 per box	00015-3091-45	785.43	J8560	50 m
Etoposide, injection (20 mg/mL)	100 mg MD\ 150 mg MD\	/ 00015-3095-20 / 00015-3084-20 / 00015-3061-20	· 136.49 · 204.74	9182 9182	per 100 m per 100 m
1	500 mg MD) 1 gm MD)	/ 00015-3061-20 / 00015-3062-20	665.38 1,296.64	.]9182]9182_	per 100 m per 100 m
Etopophos Etoposide phosphale for injection	100 mg	00015-3404-20	•)9999 *	per 100 m
Fluctura [®] . Flucturatione phosphate, pwd		50419-0511 <u>-0</u> 6	196.50	J9185	рет 50 л
Fluorouracil, sol (50 mg/ml)	500 mg	. 20769-0012-10	3.75	19190 19190	рег 500 л рег 500 п
· • •	2,500 mg 5,000 mg	00013-1045-9 39769-0012-9	4 13.25 0 <u>25.00</u>	<u>]9190</u>	per 500 r
Neupopent G-CSF (Filgrastim), sol (0.3 mg/mL)	300 mcg 480 mcg	55513-0530-1 55513-0546-1	<u>0 256.90</u>]1440 <u>]1441</u>	per 300 m per 480 m
Genzal* • Gencitabline HCl • Gencitabline HCl	200 mg	00002-7501-0 00002-7502-0	1 -6939 1 346,94	M, 10 ₁₉₂₀₁ M5, 51 <u>19201</u>	per 20 per 20
Leulone GM-CSF (Sargramostim), lyophilize	. (58406-0002-3 - 58406-0050-3	3 117.79	12820 12820	per 50 m per 50 m
Zoladez Goserelin acetale, implant	3.6 mg syn 10.8 mg syn	inge 003 10-0960-	36 - 410.51	· J9202 J9202	per 3.6
Kypin add		00029-4149-			
Granisetron HCl, sol (1 mg/mL)	lmL. 4 mL	00029-4152-			
Hosfamide	1 g 3 g	00015-0556 00015-0557	41 119,85 41 359,55	19201 19201	
llex*/Mesney th Moslamide (10 x 1 e)/mesna (10 x 1	g MDV) Combo-l	ads 00015-3554-	27 2,094.91	1920	8/19209 8/19209
lfosfamide (10 x 1 g)/mesna (10 x 1 dosfamide (2 x 3 g)/mesna (6 x 1 g lfosfamide (5 x 1 g)/mesna (3 x 1 g	MDV). Combo-l	Pack . 00015-3564	15 1,256.86 26 856.90	1920 1920	8/19209 B/19209
Venoglobulin I Immune globulin intravenous, 5% pwd	lw/IVset 2.5 g	49669-1602	-01 152.0 -01 304.1	5]156	1 per 50
immune globulin intravenous, 5% pwo	5 g	49669-1603 49669-1604		0 1156 0 1156	
Venoelobulin S		•			
Immine globulin intravenous, 5% soi	w/IV sel 2.5 g 5 g 10 g	49669-1612 49669-1612	3-01 4 50.0	ю }150	61 per 50
add	6	49669-161		iO \$150	61 per 50

BP 00809

_	корист	VIAL SIZE	NDC .	DECEMBER AWP/VIAL	'98 HCPCS	BILLING UNITS	THERAPEUTICS NETWORK
	Immune globulin intravenous, 10% sol w/IV set	5 g 10 g 20 g	49669-1622-01 49669-1623-01 49669-1624-01	475.00 950.00 1,900.00)1562)1562)1562	per 5 g per 5 g per 5 g	VETWON.
	immune globulin intravenous, 10% sol w/IV set Add	1 B 5 B 10 g	00192-0649-12 00192-0649-20 00192-0649-71	75,00 375,00 750,00	11561 1562 1562	per 500 mg per 5 g per 5 g	
-	Immune globulin Intravenous, 5%-10% w/IV set	20 g 25 g	00192-0649-24 52769-0471-72 52769-0471-75	1,500.00 145.00 290.00)3562)1561 or) ,)1561 or)	iper 5' g. 1562 .	
_	Rho D Immune globulin intravenous	10 g 300 mcg	52769-0471-80 60492-0082-01	580.00 306.00	11561 or 1 3490'/j	1562 9999*	
I	ntron [®] A Interferon alfa 2b, solution HSA-free	- 3 MIU 3 MIU PAK	00085-1184-01 00085-1184-02	33.92 33.92 56.52	9214 9214 9214	per 1 MIU per 1 MIU per 1 MIU	\
	add	5 MIU 5 MIU PAK 10 MIU	00085-1191-01 00085-1191-02 00085-1179-01	. 56.52 113.04]9214 -]9214	per 1 MIU per 1 MIU per 1 MIU	- 4º ·
		10 MIU PAK. 18 MIU MDY 25 MIU MDY	00085-1133-01	113:04 203:47 282:62]9214 9214 9214	per 1 MIU	(1, of 10)
	Interferon alfa 2b, pwd	3 MIU MDV 5 MIU MDV 10 MIU MDV	/ 00085-0120-02 / 00085-0571-02	33.92 56.52 113.04	.]9214 9214 9214	per 1 MIU per 1 MIU per 1 MIU	Bright My
	add	18 MIU MDV 25 MIU MDV 50.MJU MDV	/ 00085-0285-02	203.47 282.62 565.21]9214]9214]9214	per 1 MIU per 1 MIU per 1 MIU	Not lay it
	Roferon A Interferon alia 2a, pwd w/J ml. diluent Interferon alia 2a, sol (3 MIU/ml.)	18 MJU 3 MJU	-00004-1993-09- 00004-2009-09	203.48 33.94]9213]9213	per 3 MIU per 3 MIU	the country state of the count
1	Interferon alfa 2a, sol (3 MIU/mL) Interferon alfa 2a, sol (10 MIU/mL) Interferon alfa 2a, sol (6 MIU/mL) Interferon alfa 2a, sol (6 MIU/mL) Interferon alfa 2a, sol (36 MIU/mL)	9 MIU 18 MIU 36.MJU	00004-2010-09 00004-2011-09 00004-2012-09	95.55 203.48 407.00)9213)9213 <u>)9213</u>	per 3 MILL per 3 MILL per 3 MILL	oph cla
W	Camptosar Innotecan HCt injection, CPT11 (20 mg/m		00009-7529-02 00009-7529-01	204.41 511.04	J9206 J9206	per 20 mg per 20 mg	har brays
-	leucovonn, pwd	.50 mg 50 mg	55390-0051-10 58406-0621-05 55390-0052-10	18.44 21.53 35.00	J0640 J0640 J0640	per 50 mg per 50 mg per 50 mg	Mary or 3
X	and Zim	100 mg 100 mg 200 mg 350 mg	58406-0622-06 55390-0053-01 58406-0623-07	39.41 78.00 137.94	0640 0640 0640	per 50 mg per 50 mg per 50 mg	ho 2013.
•	Lupson* Leuppolide acetate depot, susp. (7.5 mg/ml.)	7.5 mg	00300-3629-01 00300-3336-01	540:63 1,621.89	19217 19217	per 7.5 mg per 7.5 mg	
•	ATDO Lorazepam, sol (2 mg/ml) Lorazepam, sol (2 mg/ml) Lorazepam, sol (4 mg/ml) Lorazepam, sol (4 mg/ml), w/ synnge	22.5 mg 2 mg MD\ 20 mg MD\	V 00008-0581-04 V 00008-0581-01	12.01 107.00	J2060 J2060	per 2 mg	3 Chick ND
	Lorazepam, sol (4 mg/mL) Lorazepam, sol (2 mg/mL), w/ syringe -Mannitol, 25% sol	40 mg MD\ 2 mg 50 mL	V 00008-0570-01 00008-0581-02 00074-4031-01	12.67)2060)2060)2150	per 2 mg	7
	Mustargeri Mechlorethamine HCl, pwd	10 mg	00006-7753-31	10.10	<u> 19230</u>) per 10 mg	
	Megastrol acetale, lablets, 20 mg Megestrol acetale, lablets, 40 mg	100 per boll 100 per boll	1 e 00015-0596-41	1 . 134.96	-	L	
	AUD Megace Oral Suspension.	250 per bot 500 per bot		5 647,88	250	7 <i>,</i> 	V
I	Megestrol acetale, oral suspension Alkeran Melphalan hydrochloride, pwd Melphalan hydrochloride, lablets, 2 mg	8 fl oz 50 mg 50 per bol		3 296,99	43 7924 1924	5 per 50 mg	· · · √ , · · · · · · · · · · · · · · · · · ·
(Meliphalan hydrochloride, lablets, 2 mg Mesnex ^m Mesna, sol (100 mg/ml)	50 per bol 1 g MDV			. <u>]860</u> .]920	10 <u>2 m</u>	3.
	Methotrexate, pwd	20 mg 3.000 mg	00205-4654-9 58406-0671-0 55390-0031-1	0 ·2.78 15 61.44	1925 1926	50 per 5 m 50 per 50 m	
	Methotrexaile, press. tree sol (25 mg/m add	100 mg 200 mg	55390-0032-1 55390-0033-1 55390-0034-	10 .8.75 10 .17.50	J92	60 per50m 60 per50m	g g
_	Methotrexate, sol w/pres. (25 mg/ml.)	250 mg	58406-0681- 58406-0681-	14 4.75 17 20.48	192 192	60 per 50 π 60 per 50 m	og
	Methotrexate, tablets, 2.5 mg a.d	36 per bo	00555-0572- 39769-0066-	02 362.95 35 130.05 02 2.35	<u>j86</u> 127	<u>10 . 2.5 ո</u> 65 որիս10 ո	OŠ OK
	Metoclopramide, pres. free sol (5 mg/ml.)	. 50 mg 150 mg	00013-6116- 00013-6126-	95 B <i>.</i> 73]27	165 տր to 10 ո 165 տր to 10 ո	ng
	OTN TEL:1:800/482-6700, FAX:1-8	กกเสดีกเรค73 •	:JANUARV/FFRŘÍ	IARY 1998		ε=-BP.00	810

•							
	REIMBURSEMENT						15
		VIAL SIZE	NDC		'98 HCPCS CODE	BILLING UNITS	BULK RATE
	PRODUCT Mutaniycia Mitomycia, pwd,	5 mg 20 mg 40 mg	00015-3001-20 00015-3002-20 00015-3059-20	134.11 452.91 915.09	19280 19290 19291	per 5 mg per 20 mg per 40 mg	
	Novantione Mitoxantrone, sol (2 mg/mL) ADD On each live	20 mg MDV 25 mg MDV 30 mg MDV	58406-0640-03 58406-0640-05 58406-0640-07	720.04 900.03 1,080.05	9293 9293 9293	per 5 mg per 5 mg per 5 mg	1
火	Sandostañir* Octreolide Acetate, sol (50 mcg/ml.) Octreolide Acetate, sol (100 mcg/ml.) Octreolide Acetate, sol (500 mcg/ml.)	50 mcg amp 100 mcg amp 500 mcg amp	00078-0180-03 00078-0181-03 00078-0182-03	5.21 9.54 43.62	19999*/134 19999*/134 19999*/134	190° 190° 490°	
,- ;	Zofari Ondanseiron HCI, sol (2 mg/ml) Ondanseiron HCI, sol (2 mg/ml) Ondanseiron HCI, sol panned (2 mg/s) et DS	40 mg MDV 4 mg N) 32 mg bag	00173-0442-00 00173-0442-02 00173-0461-00	244.43 24.45 206.41	2405 2405 2405	per 1 mg per 1 mg per 1 mg	
 New	Neumega	5 mg	58394-0004-01	235.00	[3490°	рег 5 тгд	
MEAA	IAXOI* Paclitaxel, semi-synthetic sol (6mg/ml) Paclitaxel, score - Synthic is:	30 mg	00015-3475-30 00015-3476-30	182.63 .608.76	19265 19265	ber 30 mg	V
· :	Aredia Pamidronate disodium, pwd Add on wach line	30 mg 60 mg 90 mg	00083-2601-04 00083-2606-01 00083-2609-01	207.26 408.54 597.84	2430 2430 2430	per 30 mg per 30 mg per 30 mg	: 1V
	Nipeni ^{na} Pentosta <u>tin, pwd</u>	10 mg	00071-4243-01	1,440.00	. <u>19268</u>	per 10 mg	- ,
	Prochlorperazine, sol (5 mg/ml.) Prochlorperazine, tablets, 10 mg	10 mg 50 mg MDV 100 per box	00364-2231-48 / 00364-2231-54 00007-3367-20	2.64 13.00 94.50	10780 10780	மு to 10 mg மு to 10 mg	\
•	Zantac ^a Ranitidine, sol (50 mg/2 mL)	2 mL	00173-0362-38	3.99	19999•/	/]3490'	
.:X	Riturania W • Riturania	100 mg	50242-0051-21	397.50	[B490°	per 100 m	R
· lycy	Zanosai Streptozocin, pwd	ŀg	00009-0844-01	74.35)9320	per J	B.
	Viznon Tenîposide, 50 mg	5 mL amp	00015-3075-19	9 <u>175.74</u>	19999	'per 50 m	e
-	Thioplese Thiolepa, pwd	15 mg	58406-0661-02	2 83.94	<u> 19340</u>	per 15 m	OR.
,)	Hycanbinos Toporecan HCl lyoph pwd Toporecan HCl Lyoph pu	4 mg	00007-4201-0 00007-4201-0	11 529.30 05 2;646.50)9350)9350) <u>per 4 π</u>	m <u>r</u>
	Neutrexit Trimetrexate glucuronate, pwd	25 mg 10e	ls ea. 58178-0020-1 ls ea. 58178-0020-5	10 608.40 50 <u>2,610.00</u>	3305 3305	5 per 25 r 5 per 25 r	mŘ. ∖
ğ. 1	Urokinase, sol (5,000 lU/mL)	5,000 IU 9,000 IU	00074-6111-0 00074-6145-0	01 53.64 02 <u>93.54</u>	J3364)3364	4 per 5,000 4 per 5,000	110
r ř	Vinblastine sulfate, pwd	10 mg 10 mg	55390-0091-1 90364-2447-5	10 21.25 54 37.50	\$ 19360 19360	O per i	mğ
	Vinblastine sulfate, sol (1 mg/ml)	10 mg	00469-2780-3 00013-7456-0	86 37.08		O per 1	ពាធ្វ
ş : 3	Vincristine, preservative free sol (1 m	ng/mu) ing 1 mg - 2 mg 2 mg	61703-0309-1 00013-7466- 61703-0309-	-06 31.75 -86 74.13	· 1937	75∵ pe≱2	mž
4	NAVELBRAGE Vinorelbing tartrate, sol (10 mg/ml.)	1 mL 5 mL	00173-0656 00173-0556	-01 6471		90 per 10 90 per 10) mg) mg
첫 :				ann t- delined ar		w." These dayes ou	LTY OF

- An AWP, HCPCS code or NDC that has changed or been added has been highlighted in color.
- The drug code 19999 is defined as "not otherwise classified, antineoplastic drug," The Health Care Financing Administration (HCFA) has not assigned specific codes to these drugs.
- The drug code J3490 is defined as "unclassified drug." These drugs may or may not be defined as an unclassified drug in your area. Consult your local carrier for the appropriate code.
- 1 Q0136 is the code for non-ESRD (End Stage Renal Disease) use.
- + 12405 should be used for all formulations of Zofran.

Convention Calendar for 1998

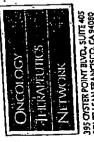
Don't forget to mark your calendar for the AOH/
1998 conventions! This is an excellent opportunity your to meel your OTN representative. OTN will attend tile one of ONS convention in San Francisco and will exhibit at vention of San Francisco, San

AOHA in St. Louis and ASCO in Los Arigeles. Contact your account representative to arrange a meeting with one of the OTN representatives attending the conventions, or stop by our booth at AOHA and ASCO.

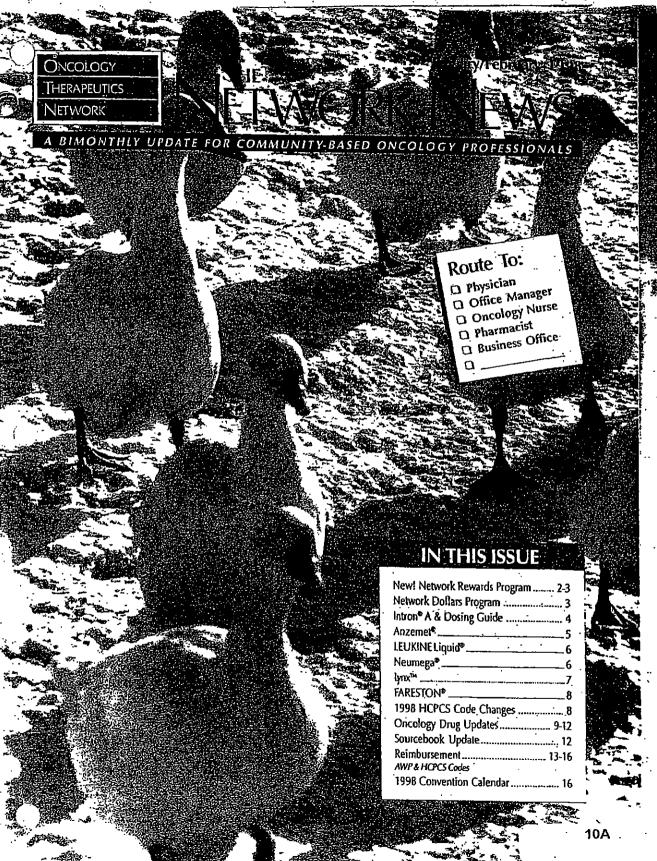
Oncolugy Nursing Stolety (DNS) May 7-10, 1998 San Francisco, CA

, Emerican Society of Chialcal Octobery (ASCO) May 16-19, 1993 Los Angeles, CA

BP 90811



DS.



BP 01090 HIGHLY CONFIDENTIAL BMS/AWP/000095885



Save Time and Money With The Network Rewards Program

etwork Rewards is a program that will provide your practice with pricing assurance on 10 multi-source products every time you order. Unlike specials that are only in effect for a week or a month, the Network

Rewards program utilizes a unique "Quartile Pricing" concept that provides competitive pricing over time, eliminating the need to "shop" for the best price. Oncology Therapeutics Network (OTN) does the work for you.

Here are the products included in the program:

_paus ·	DESCRIPTION.	
Blenovane	Blecongoli Shikate, polyton and San San Bristot Mivers Soulbb	· ·
Lyophilited Cytoxan®	Sychemical Myers South	
Mutamycin ^a	AMbinacia: pomero Associato Santa Bristol-Myera Squibb	:
Pinbex*	Discontinuore de Propinsione de la Contraction d	
VePesid* for injection	Etoposina po Equipos and Asia Santa Santa Bristol-Myers Squibb	
Adminingen PFS ²⁰	Pharmacia & Uplohn	
Leucovorin	i buce of the property in the same of the	
Melhotrexate	Met pare alle production in the solution of the immunex	
Vinblastine	Valbastine Sultane Subrible Projection Control of Projection	
Vincasai [®]	Vinessine pueser que roesticito es la Pharmacia & Upjohn	

How The Network Rewards Program Works

Quartile Pricing

For each drug in the Network Rewards program, we have reviewed the pricing of all OTN customers in the nation. These prices were then divided into quartiles defined as the high quartile, medium high quartile, medium low quartile and low quartile.



Network Rewards Program Pricing

To begin the program, we will compare your practice's pricing to the quartile pricing. Any price currently paid by your practice that is above the Network Rewards price will be lowered to the Network Rewards price. Any price currently paid to OTN by your practice that is below the Network Rewards price will remain in place. OTN will provide a report to your practice listing all of your current program prices. Using this method,

your practice is assured of pricing that is within the lowest quartile on all Network Rewards products.

Choose 7 out of 10 Products

To participate in the Network Rewards program, you must buy at least 7 of the 10 Network Rewards products from OTN. Multiple sizes of the same product do not count as additional products. A simple enrollment form can be faxed to OTN to start your practice on the program.

Going Forward

OTN will review Network Rewards pricing on a monthly basis and compare Network Rewards prices with the lowest prices paid by all OTN customers during that same month. We will, if necessary, automatically lower your pricing going forward to represent pricing comparable with those of OTN customers in the low quartile. A report of your practice's current pricing will be faxed to you each month to keep you abreast of any changes.

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The articles in this hewsletter are not intended to serve as rules and policies for medical practice. Primary references should be consulted. The reader is encouraged to review the manufacturer's package insert where applicable.

Comments and suggestions are welcome. Addrass them to: Stasla Lord, Editor, Tellero, The Network News; Oncology The specifics Network; 395 Oyster Point Blvd., Suite 405, So. San Francisco, CA accept.

Printed on recycled paper.

ANUARY/FEBRUARY 1998 • OTN TEL: 1-800-482-6700 FAX: 1-800-800-5673

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BP 01091

Network Rewards Benefits

Save Money with the Assurance of Market Competitive Prices

As part of Network Rewards, we proactively review the best prices of all OTN customers and load them into our pricing files for your practice. When your practice places an order, you are automatically assured of the most current competitive prices on Network Rewards products of all OTN customers in the nation.

Save Time by Receiving Discounts Up-Front

Many practices report that they spend too much time "shopping" for the best prices. This is time that could be spent with patients. With Network Rewards, your practice is assured of our most competitive pricing without making time-consuming phone calls or watching for fax specials.

Avoid Worry with Price Protection on Your Multi-Source Drug Purchases

Network Rewards gives you the confidence. that your pricing is protected on the majority of your multi-source drug purchases. **Early Payment Discounts**

In addition to the low pricing your practice will receive as a participant in the Network Rewards program, OTN also offers an additional 1% and 2% discount for early payment. Or, you may choose to extend your payment to Net 75 Days or pay by credit card. Your practice may choose from the following four payment terms options:

- √ 1% 30, Net 60 Days
- ✓ 2% Upon Receipt of Order
- √ Net 75 Days
- ✓ Credit Card, Upon Receipt of Order

Hassie-free, Low Pricing on Your Multi-Source Drug Budget

Network Rewards pricing, coupled with discounted payment terms, assure your practice of the most competitive prices of all OTN customers in the nation on your multi-source drug purchases. Your practice will receive these benefits without the worry and hassle of price shopping.

For more information on how your practice can start saving time and money with the Network Rewards Price List and a Network Rewards Price List and a Network Rewards enrollment form, contact your OTN account representative at

1-800-482-67.00.

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Buyer acknowledges that it is responsible for fully and securately reporting to the retribution to described above on any item that is separately changed for payment under Medicare, Medicaid or any other lederally funded state healthcare plan. Buyer aboach moved to the plant of Health and Human Services or a state healthcare agency, it is responsible for providing the requesting agency with information reporting such discounts.

Network Dollars Program Ends December 31, 1997

or over three years, the Network Dollars
program has provided savings to Oncology
Therapeutics Network's (OTN) customers
when they purchased products from OTN. Orders
for the following five products placed on or before
December 31, 1997, will earn Network Dollars:

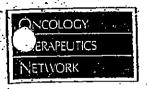
- ◆ Blenoxane
- ◆ Lyophilized Cytoxan®
- ◆ Mutamycin[®]
- ◆ Rubex[®]
- ♦ VePesid® for Injection

After December 31, 1997, a new program, called "Network Rewards" will be in effect (see article at left). If you would like more information sent or faxed to you regarding the Network Rewards program, please call 1-800-482-6700 and ask to speak to the account representative for your area.

Thank you for your participation in the Network Dollars program.

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Intron® A — HSA-Free —and— Original Formulation



(interferon Alfa-2b, recombinant)*

OTN offers Intron A in the following sizes and formulations:

HSA-FREE SC CATALOG : NUMBER	NDC NDC	CODE :			UNIT SIZE	ORDER QTY	PRICE/ Unit
220-151	0085-1184-DT	19214	intron A solution		3 MIU/0.5 ml.	1	\$30.40
220-161	D085-1191-01	19214	- Intron A solution		5 MIU/0.5 ml.	1	\$50.70
220-171	0085-1179-01	19214	Intron A solution		10 MJU/1 ml	1	\$101.30
220-191	0085-1168-01	J9214	Intron A solution	-	IB MIU/MDV	1.	\$182.40
220-194	0085-1133-01	9214	Intron A solution	٠.	25 MIU/MDV	. 1	\$253.15
				_			

	HSA-FREESC CATALOG NUMBER	NDC	HCPCS CODE	TIEM	UATF SIZE	ORDER Q11	PRICE!
•	220-156	0085-1184-02	J9214	Intron A solution, Pak-3	- 3 MIU	6	\$30.40
	220-166	0085-1191-02	j9214 .	Intron A solution, Pak-5	ร ผเบ	· 6	\$50.70
	220-174	0085-1179-02	J9214	Intron A solution, Pak-10	10 MW	6	\$101.30

Paks include six vials, six syringes, and six alcohol swabs

^{*} HSA-free formulation is recommended for intramuscular, subcutaneous, or intralesional administration. Intron A solutions for injection are <u>not</u> recommended for IV administration.

ORIGINAL I	FORMULATIONS**			•		
CATALOG NUMBER	NDC	CÓDE CÓDE	ITEM /	UNIT SIZE	ORDER Que	PRICE/ Unit
220-150	0085-0647-03	19214	Intron A powder	3 MIWMDV	1	\$30.40
220-160	0085-0120-02	J9214	Intron A powder	S MIU/MDV_	11	\$50.70
220-170	0085-0571-02	J9214	Intron A powder	10 MIU/MDV	1	\$101.30
220-175	0085-0285-02	19214	Intron A ptwder	25 MIU/MDV	. 1	\$253,15
220-186	0085-1110-01	19214	Intron A powder	18 MIU/MDV	1	\$182.40
220-180	0085-0539:01	19214	Intron A powder .	50 MIU/MDV	1	\$506.70

^{**} Original formulation is recommended for inframuscular, subcutaneous, intralesional, or intravenous administration.

Intron A is a product in OTN's Price Matching Program

Intron A Dosing Guide

INDICATION	RECOMMENDED DOSAGE	RECOMMENDED VIAL SIZE
Chronic hepatitis C	3 MIU SC or IM TIW	3 MIU/0.5 mL or Pak-3 or 18 MIU MDV
Chronic hepatitis B	30 - 35 MILV week SC or IM (5 MILE qu)	5 MJU/0.5 mL or Pak-5 or 10 MJU/1.0 mL or Pak-10
Malignani melanoma	Induction: 20 MIU/m² Nº 5 consecutive days/veek x 4 weeks Maintenance: 10 MIU/m² TW SC x 4 5 4 5 6 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6	50 MIU powder/1.0 mL 18 MIU powder/1.0 mL
Hairy-cell leukemia	2 MILU m² SC òr-1 MILL TIW	\$ MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10 or 18 MIU MDV
AIDS-related Kaposi's sarcoma	30 MIU/m² SC or IM TIME 25	SO MIU/1.0 mL powder
Condylomata acuminata	I MIU TIW (allemate days) XUSWeeks (1905)	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10

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10A BP 01093 HIGHLY CONFIDENTIAL BMS/AWP/000095888 Now Available!

Anzemet

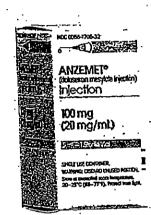
A New 5-HT₃ Receptor Antagonist

(dolasetron mesylate injection/tablets). from Hoechst Marion Roussel

Excellent Efficacy and Safety Profile

olasetron mesylate (Anzemet) received final approval from the FDA on October 17, 1997.

- Anzemet Injection is indicated for the prevention of nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including high dose cisplatin.
- Anzemet Tablets are indicated for the prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy, including initial and repeat courses.



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For more information on dosing and administration, please contact your OTN account representative or your Hoechst Marion Roussel representative.

Great Value!

CATALOG	_	BRAND	ITEM	UNIT STZE	ORDER QUANTITY	UNIT	AWP
NUMBER	NDC	NAME	dolasetron mesylate	100 mg vial	1 .	\$70.00	\$149.88
900-250	00088-1206-32	Anzemel		100 mg tablets		\$289.75	\$330.00
970-300	00088-1203-05	Anzemet	dolasetron mesylate			\$289,75	\$330.00
970-305	00088-1203-29	Anzemet	dolasetron mesylate	100 mg tablets blister pack		<u> </u>	
970-310	00088-1203-43	Anzemet	dolasetron mesylate	100 mg tablets unit dose	10 ·	\$579.5Q 	\$660.00

Outstanding Support:

Reimbursement and Patient Assistance Program Hotline 1-888-895-2219

Call the Anzemet Hotline for help with reimbursement and patient assistance programs, Monday through Friday between 10:00 am and 6:00 pm ET.

Call OTN today at

1-800-482-6700

to place your order!

OTAL TEL-1-800-482-6700 FAX: 1-800-800-5673 . JANUARY/FEBRUARY 1998

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BP 01094
HIGHLY CONFIDENTIAL
BMS/AWP/000095889



LEUKINE® Liquid (GM-CSF, sargramostim)

From Immunex Corporation Immunex



✓ Easier to Use

✓ Bioequivalent to Lyophilized Powder

✓ LEUKINE Liquid Quick Reference Guide Available from Immunex ✓ Multi-Dose Vial

✓ Saves Time

✓ Less Waste and Saves Money

CATALOG NUMBER	NDC	ПЕМ		PRICE/ Unit
·222-116	58406-0050-30	GM-CSF (sargramostin), solution	500 mcg MDV	\$210.25

Choice of Payment Terms

Only through OTN: customers have four payment terms options: 1% 30, Net 60 Days; 2% Upon Receipt of Order, Net 75 Days; and Credit Card, Upon Receipt of Order.

Reimbursement Support

TIMMunex Reimbursement Hotline:

1-800-321-4669

Bill for Leukine with J2820 per 50 mcg.

Neumega® (oprelvekin, IL-11)

from Genetics Institute

eumega (oprelvekin) has received final approval from the FDA and is now available through OTN.

Please contact your OTN account representative for more information.

٠.	CATALOG NUMBER	, NDC	BRAND NAME	ПВМ	UNIT - SIZE-	ORDER PRICE/ OTY UNIT
	222-200	58394-0004-01	Neumega	oprelyekin, sterile lyoph pwd with diluent	5 mg	1/box 192.55
	<u>222</u> -207	58394-0004-02	Neumega	oprelvekin, sterile lyoph pwd with diluent	5 mg	7/box 192.55

Call OTN today and place your order: 1-800-482-6700

IANNIARY/FERRUARY 1998 • OTN TEL-1.800.482.6700 FAX: 1.800.000.5673

10A BP 01095

Respond To Today's Healthcare ChallengesWith Lynx™

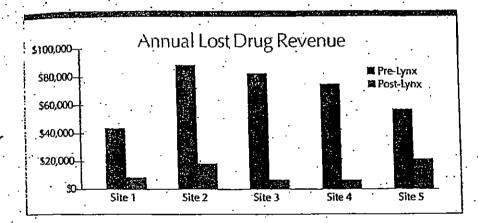
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vnv is the point of care drug dispensing and tracking system developed specifically for office-based oncology practices. This customers, fully integrated system links rudering, dispensing, tracking, billing, and reporting — ending time and labor intensive manual inventory management procedures, while simultaneously capturing treatment information for your practice.

Capture Lost Revenue

The Lynx system captures billing information at the time of care, versus after the fact manual recording. As drugs and supplies are removed from the system, Lynx provides complete charge information for the billing department via transaction receipts and reports. This feature virtually eliminates unbilled drug charges, which currently represent a 5% loss of drug revenue per year for the average practice.





This graph illustrates the lost drug revenue in five practices both before and after installation of the Lynx system. In each practice, actual drug usage and drug billings were calculated one month before and one month after the installation of Lynx.

A comparison of drug billings versus actual drug usage was then made to determine lost drug

charges. The results of each period were compared to calculate the percentage of lost charges before and after the installation of Lynx.

A significant reduction in lost drug revenue was seen in all five practices, post-tynx installation, Pre-tynx installation, the average lost drug revenue for these practices was 5%. Following the installation of tynx, these losses were negligible.

Call your OTN representative today to find out how to put the power of Lynx to work in your practice: 1-800-482-6700

OTN TEL: 1-800-482-6700 FAX: 1-800-800-5673: • JANUARY/FEBRUARY 1998

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HIGHLY CONFIDENTIAL BMS/AWP/000095891

BP 01096



FARESTON® (toremifene citrate) 60 mg Tablets

From Schering



Indication and Usage:

ARESTQN is indicated for the treatment of metastatic breast cancer in postmenopausal women with estrogen-receptor positive or unknown tumors.

Description.

FARESTON (toremifene citrate) tablets for oral administration each contain 88.5 mg of toremifene citrate, which is equivalent to 60 mg toremifene. FARESTON is a nonsteroidal antiestrogen. FARESTON is available only as tablets for oral administration.

Dosage and Administration:

The dosage of FARESTON is 60 mg, once daily, orally. Treatment is generally continued until disease progression is observed.

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HAR	11.5	IL NA	iad	lets.

IVITAION	IRDICO	
NDC	Unit Size	Order Qty
0085-1126-01	60 mg	-30 tablets
0085-1126-02	60 mg ·	100 tablets



Reimbursement Information-

Please contact Schering's

COMMITMENT TO CARE SM Program

at 1-800-521-7157

for reimbursement and product
information.

HCPCS Code Changes for 1998

The HCFA Common Procedure Coding System (HCPCS) Editorial Panel recently. announced coding changes effective for Medicare claims beginning January 1, 1998. Services provided on or after January 1, 1998, should be filed using the 1998 codes. Services rendered in 1997 should continue to be billed with the 1997 codes. HCFA has granted a grace period

to allow physicians to incorporate the changes into their practices. The 1998 charges received prior to April 1, 1998, may be filed with either the 1997 or 1998 codes.

Specific questions about these codes and requests for a complete list of code changes should be directed to your Medicare carrier.

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11 Sec. 11	
	ew
J-Code	ш
Amilosti	nol'
MIII USIII	1100

BILLING	BILLING.
NEW DELETE UNITS PRODUCT -	NEW DEETE UNITS PRODUCT
10207 - 500 mg Injection, Amilostine .	1 mg Injection, Butilide Furnarate
10735 1 mg : Injection, Clanidine Hydrochloride	118255 33 mcg Injection, Interferon Beta-1A
JD740 375 mg Injection, Gidolovir	350 mcg Injection; Sargramostim (GM-CSF
J1325 .0.5 mg Injection, Epoprostenol	13005 Att m Injection, Strontium-89 Chloride
J1561 500 mg Injection, Immune Globulin, Intravenor	us 191502 10 mg Daunorubicin
11562 5 gms Injection, Immune Globulin, Intravenor	
11565 50 mg Injection, Respiratory Syncytial Virus	9201 200 mg Gemcitabine HCl
Immune Globulin	19206 20 ing Irinotecan
11625 1 mg Injection, Granisetron Hydrochloride	19350 4 mg. Topolecan
J1626 100 mcg Injection, Granisetron Hydrochloride	19600 (75 mg) Portimer Sodium
	

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ONCOLOGY DRUG UPDATES

Rituximab (Rituxan, Genentech/IDEC)

n November 26, 1997, U.S. Food and Drug Administration (FDA) approved rituximab (Rituxan) for the treatment of relapsed or refractory low-grade or follicular CD20 positive B-cell non-Hodgkin's lymphoma, Approximately 120,000 patients suffer annually from this disease. This product will be co-promoted in the US market by both Genentech and IDEC Pharmaceuticals. The product will require refrigeration and is now available through OTN.

Oprelvekin (Neumega, Genetics Institute)

n November 25, 1997, U.S. Food and Drug Administration (FDA) approved oprelvekin (Neumega) for the prevention of severe thrombocytopenia and the reduction of the need for clatelet transfusions following myelosuppressive chemotherapy in patients with nonmyeloid malignancies who are at risk of severe thrombocytopenia. The product will require refrigeration and is now available through OTN.

Aldesleukin (Proleukin; Chiron Corporation)

n January 16, 1998, the Oncologic Drugs Advisory Committee of U.S. Food and Drug Administration (FDA) granted approval of aldesleukin (Proleukin) for injection for the treatment of adult patients with metastatic melanoma. This recommendation was based on the data from eight clinical trials evaluating Proleukin in a total of 270 patients with metastatic melanoma.

In these trials, 16% (43/270) of the patients responded to Projectkin and approximately half of these patients (22/43) remain alive over four years after treatment. In an analysis of the data presented, Proleukin produced a complete response in 6%

(17/270) of patients. A complete response was defined as the total disappearance of tumors for two consecutive observations at least 28 days apart. Approximately 60% of the 17 patients who achieved a complete response have remained in remission for greater than five years without further treatment. The median duration of complete response has not yet been observed, but is at least 40 months. By comparison, the median duration of partial response was 5.9 months. These data indicate that durable responses can be achieved in some metastatic melanoma patients treated with Proleukin.

Oncology Therapeutics Network

FDA New Drug Approvals

Current Treatments For Bladder Cancer

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ver the past decade, therapies for bladder cancer have changed very little. As medical therapies proceed into a new era, novel treatment options are moving through various phases of clinical testing. Treatment options for bladder cancer are based on the stage of the tumor, the severity of the symptoms, and coexisting medical conditions. The goal of therapy for local disease (noninvasive tumors) is to obtain control of the tumor with minimal side effects and prolonged disease-free and overall survival. Patients with invasive bladder cancer can rarely be cured; therefore, treatment is mainly palliative with the following goals: (1) to increase overall survival, (2) to provide long-lasting control, (3) to avoid cystectomy, (4) to reduce morbidity, and (5) to improve overall quality of life.

Local (Noninvasive) Disease

Standard treatment for noninvasive tumors consists of removal of the lesion (transurethral resection) and administration of local chemotherapy through a foley catheter (intravesical administration). Intravesical chemotherapeutic agents employed include doxorubicin, thiotepa, mitomycin-C, Bacillus Calmette-Guerin (BCG) vaccine, interferon alfa 2b, and thiotepa (see Table 1, page 10). Although various times of administration have been studied, instilling the chemotherapy preoperatively appears to prevent tumor recurrence to a greater degree than postoperative instillation.

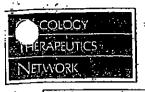
A new immunotherapy treatment approach for bladder cancer is the use of photodynamic therapy mediated by 5-aminolevulinic acid (ALA). Current Treatments

Continued on the following page

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ONCOLOGY DRUG UPDATES

Table 1 - Selected Treatment Regimens for Bladder Cancer

INTRAVESICULAR CHEMOTHERAPY
Intertroo(IFI) — 50-100 MIU in 30 ml. sterile water
Repeat weekly for 12 weeks
Selfius Calmette-Ourtro (000) — 50-150 mg in
Repeat weekly for 6 weeks — 50-150 ml noomal satine
Millionychi C — 20-40 mg in 20-40 mt. sterile water
Repeat op in 3a weekly to a lotal of 20 doors

COMBINATION CHEMOTHERAPY RESIMENS

CMV . Cisphing 100 mg/m² IV Methotresale	(12 hrs. after methotresate) 30 mp_/m² IV Davs 1, 8
Vinblastine	4 mg/m² IV Days 1, 8
Repeat every 3 weeks	<u> </u>

Methoriecte 30 mg/m² IV Days 1, 15, 22
Violotatine 3 mg/m² IV Days 2, 15, 22
Daxorubicth 30 mg/m² IV Day 2
Cisplatin 70 mg/m² IV Day 2
Ropat every 4 weeks
ELSCA

Cyclophosphamide 650 mg/m² IV Day 1
Doxorubicin 50 mg/m² IV Day 1
Cispibilio 100 mg/m² IV Day 2
Repeat every 3-4 weeks

SINGLE-AGENT CHEMOTHERAPY REGIMENS

Gemeilabhre Gemeilabhre — 1200 mg/mVday IV Days 1, 8, 15 Repeat every 4 weeks

Pasiliarel Paciliarel _ 250 mg/m² IV over 24 hours on Day 1 Repeat every Tweeks

Rimebexala .

Trimettexale ______ 8 mg/m²/day Days 1-5
Repeal every 3 weeks

REFERENCES:

 Davi CJ, Martin D, Lindan M, Chattananary Papagasa, in Prop St., ed. Do Characteristy Secretarist, Said ed. Ballama, 242 (1984), and artifation. 179(256-27).

Pair XX, (Dans P., Manaphini J., Papaga M., An Easthin Corporation Decading Design Philate P. Inited of Scientification in the Institute of Information of Information (Institute of Institute Control of Institute Control

1. Sept and, Lindows W., Belleton and Mr. of the Barthay Colombic Looping Stronger plane for prospectation of paper Rich Healther content. If the Great Health 1994, A. 1. Dept FL. You Hall Dis Dear HE, Vye and PD, And, Control Colombication of Health A. See all November C. C. Andreas & Lincow 1974. Photodynamic therapy uses photosensitizing agents and laser light to detect and destroy cancer cells: Other immunotherapeutic agents in development include keyhole-limpet hemocyanin (KLH) and bropirimine. Bropirimine is an oral anticancer drug that induces interferon-alpha and has direct antiproliferative activity. It has been evaluated for noninvasive bladder carcinoma with favorable response rates (42% efficacy rate) and is currently in phase IMII clinical trials.

Invasive Disease

Standard therapy for muscleinvasive bladder cancer has been radical systectomy, as this provides the least chance of recurrence. Recently, however, treatment of invasive disease includes the use of neo-adjuvant chemotherapy. Regimens used prior to cystectomy include carboplatin, methotrexate, and vinolastine and cisplatin and doxorubicin. Neo-adjuvant trealment appears to improve long-term survival after cystectomy; however, results are mixed. Bladder-sparing treatment options, which have equivalent results to radical cystectomy, include single-agent chemotherapy, combination chemotherapy, and combination chemotherapy and irradiation (chemoradiotherapy). Cisplatin

remains the most active single chemotherapy agent: however, in an effort to achieve adequate response rates with minimal toxicity, attention has turned to new chemotherapy agents. New agents under investigation include liosfamide, gallium nitrate, trimetrexate, paclitaxel, gemcitabline, and piritrexim. Oral piritrexim, a second-generation antimetabolite, is active in the treatment of bladder cancer. Its use will most likely be for palliative treatment in patients who cannot tolerate aggressive chemotherapy or in combination chemotherapy regimens. Genicitabine has been recently evaluated as a single agent in patients with metastatic bladder cancer. It is also an effective agent and will most likely be used in combination regimens, Paclitaxel is effective as a single-agent regimen (250 mg/m² intravenously over 24 hours) and also appears effective in a lower dose as part of a chemoradiotherapy combined modality regimen.

Combination chemotherapy regimens of methotrexate, vinblastine, doxorubicin, and cisplatin (M-VAC) and cisplatin, methotrexate, and vinblastine (CMV) remain the gold standard for patients with advanced bladder cancer. A novel, non-cisplatin containing regimen, which appears equal to M-VAC with less toxicity, is vinblastine, ifosfamide, and gallium nitrate. Phase III trials comparing the two regimens remain to be performed. Other combination modalities which show promise include protracted intravenous infusions of cisplatin and 5-fluorouracil during hyperfractionated radiotherapy and combined intra-arterial administration of cisplatin and doxorubicin with radiotherapy.

Finally, other entities under development for the treatment of bladder cancer include monoclonal antibodies (C225, anti-EGFR chimeric Mab, ImClone Systems), biologic markers (bromodeoxyuridine, NCI, Neopharm), and cell sensitizers (etanidazole, Roberts Pharmaceutical).

Ongoing Research

Angiogenesis and Antiangiogenesis Agents

Angiogenesis

A ngiogenesis is the development of new blood vessels from those pre-existing. This phenomenon has been linked to tumor growth, invasion, and metastasis as part of a complex process. Several recent reviews outline the mechanisms of tumor angiogenesis as well as formulate strategies for potential clinical application of anti-angiogenic agents under investigation. 12.3

The factors responsible for a change from cell homeostasis to activated tumor angiogenesis are not completely understood. The balance of proangiogenic and antiangiogenic factors is important in maintaining tumor dormancy. In the quiescent state, the rate of cell apoptosis balances that of proliferation. Acquisition of the angiogenic phenotype leads to a decrease in the apoptotic rate of tumor cells. This shifts the balance in favor of

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proliferation: One possible mechanism for acquiring the angiogenic phenotype may involve a change of a tumor suppressor gene with a subsequent decreased production of an angiogenic inhibitor. As an example, the p53 gene controls the synthesis of thrombospondin - 1 (TSP-1), a potent inhibitor of angiogenesis. Loss of p53 gene function through mutation is associated with diminished expression of TSP-1 as well as an ensuing switch to the angiogenic phenotype.

In addition, the process of angiogenesis requires the direct interaction of endothelial cells with their surrounding matrix. The microvascular endothelial cells release "angiogenic polypeptides" [e.g., basic fibroblast growth factor (bFGF), vascular endothelial growth factor (VEGF), and interleukin-8 (IL-8)]. These endogenous polypeptides have demonstrated activity to promote tumor growth and migration. As well, matrix metalloproteins (MMPs) facilitate migration of endothelial cells and tumor-cells through tissue extracellular matrix by breaking down the tissue matrix surrounding the growing tumor and vessels. Therefore, the presence and activity of MMPs is required for both angiogenesis and metastasis. VEGFs, VEGF receptors, and -MMPs are significantly "up-regulated" in séveral tumois but not in normal tissue, suggesting their importance for tumorassociated angiogenesis.

There is increasing evidence linking the degree of angiogenesis in the primary lumor to the risk of developing metastatic disease (as well as disease-free and overall survival). For example, there is a significant correlation between the degree of primary tumor neovascularization (as measured by the number of vessels per microscopic field) in primary breast cancer surgical specimens and the subsequent development of metastatic disease. In several tumor types, microvessel density of the primary tumor correlated positively with the propensity for metastasis, recurrence, or negative survival outcomes. Interestingly, the shedding of tumor cells into the systemic circulation is quantitatively related to the surface area of tumor vessels. This finding may explain why

tumors with high angiogenic indices correlate with an increased risk of metastasis and decreased survival.

Antiangiogenesis and Therapy

in order to evaluate tumor states, prognosis, and potential anti-angiogenic agents, reliable markers or indices of angiogenesis are needed. Examples might include measuring tissue blood flow, measuring changes in tumor metabolism (e.g., via positron emission tomography), measuring vascular density (via magnetic resonance imaging), or serum or urine polypeptide levels (e.g., VEGF or bFGF). A reliable measure has yet to be developed despite reports of some correlations.

Strategies for antiangiogenic therapy are similar in that the agents affect a specific component of the angiogenesis pathway or affect pre-existing tumor vasculature. Most antiangiogenic agents currently in clinical trials interfere with the response of endothelial cells to endogenous angiogenic polypeptides. Some agents inhibit the activity of MMPs (MMPIs). The remaining agents either inhibit tumor neovascularization or destroy tumor neovasculature directly ("targeted therapy").

TNP - 470 (AGM-1470)

TNP-470 is more potent and less toxic than a previous analog, fumgillin, it inhibits in vivo growth of several murine tumors and human xenografts and is currently in phase I trials in patients with Kaposi's sarcoma and early phase II trials in patients with solid tumors including central nervous system (CNS) tumors: Early reports demonstrate the drug is well-tolerated. Reversible cerebellar toxicity is the dose-limiting adverse effect.

Platelet Factor 4 (PF4)

PF4 is a naturally occurring agent with potent antiangiogenic activity. It inhibits both endothelial cell proliferation and migration by binding to glycosaminoglycans, thus preventing bFGF from binding to its receptor. Today, it is in phase I trials in patients with solid tumors and Kaposi's sarcoma. Also, a phase II trial investigates its intratumoral administration in patients with primary brain tumors. Toxicities are mild and Oncology THERAPEUTICS NETWORK

include local injection site reactions, mild phlebitis, fatigue, and anemia.

Tecogalan (DS4152, SP-PG)

Tecogalan is a sulfated polysacchande peptidoglycan complex derived from a cell wall polysaccharide of Arthrobacter Sp. It. demonstrates in vitro inhibition of endothelial cell growth and in vivo antitumor effects against both murine tumors and human xenografts. Phase I clinical trials are ongoing using tecogalan in patients with solid tumors. its dose limiting toxicity is anticoagulation (increased PTT); other reported adverse effects are fever and rigors.

Thalidomide

Despite its well-known embryotoxic effects, thalidomide has useful immunomodulatory activity. It has recently been shown to have potent antiangiogenic properties and is being investigationally studied for patients with various malignancies including Kaposi's sarcoma, breast cancer, prostate cancer, and primary brain tumors.

Batimastat (BB-94)

This agent inhibits the activity of MMPs (MMPI). Phase I trials are currently underway, however, its intraperitoneal and intrapleural routes of administration limit its utility.

Marimastat (BB2516)

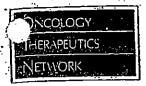
Marimastat is an MMPI that can be administered orally. Currently, patients with prostate, ovarian, and pancreatic cancers are being enrolled in phase I studies investigating this agent. Adverse effects reported include joint and muscle pain and stiffness. Tumor markers such as PSA, CA-125, and CA 19-9 have been affected positively in approximately half the patients treated with manimastat.

CM101

Unlike the previous agents, CM101 has antiangiogenic properties with inhibitory effects on established tumor neovasculature. It is a group 8 Streptococcus polysaccharide which binds preferentially to capillary endothelium. Subsequently, vascular and cellular inflammatory reactions with the tumor vessels occur. Several

Continued on the following page

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ONCOLOGY DRUG UPDATES

endogenous cytokines (TNF - a., MIP - 1a., IL-6, IL-6, IL-6, IL-10) increase systemically following CM101 administration. Phase I studies in Kaposi's sarcoma patients are planned.

Interleukin-12 (IL-12)

IL-12 has potent anti-angiogenic activity mediated by induction of interferon-g (INF-n). The latter induces a protein (IP-10), which is a potent inhibitor of angiogenesis in vivo. In addition, IL-12 enhances proliferation of activated T and natural killer (NK) cells. Phase I and It clinical trials involving IL-12 are ongoing in Kaposi's sarcoma patients. Both its direct antitumor and

annianglogenic activities are being investigated.

Antiangiogenic drugs may not cause tumor regression, but rather inhibit growth of the invading edge of the tumor (i.e., cytostatic). Utilization of these agents will most likely be in combination with a cytotoxic chemotherapeutic agent or with another modality such as radiation therapy. Since antiangiogenic agents appear to be more effective against a smaller tumor, early application (i.e., small volume disease) may prove to be useful. Their use in patients with advanced or metastatic disease should also be considered in combination with salvage chemotherapy.

Sourcebook Update Fall/Winter 1997/98 Product And Pricing Changes 500 mg \$21.80 \$37_30 920-100 920-110 Rocephin Rocephin Rocephin Celtriaxone Sodium, powder 1000 mg Celtriaxone Sodium, powder Celmaxone Sodium, powder 2000 mg \$74.10 920-120 Visude 5 ml \$651.50 920-210 Cidofovir, injection, (75 mg/5ml) 100 mg \$70.00 NEW Dolasetron, solution 900-250 Anzemei 970-300 Dolasetron, tablets, 5/PK 100 mg \$289.75 NEW Anzemet \$289.75 100 mg NEW 970-305 Dolaseuon, tablets, 5/BTL Dolasetron, tablets, 10/BTL \$579.50 NEW 100 mg 970-310 Anzemet \$31.00 \$49.30 Fiumazenii, solution (0.1 mg/ml) (X10) 0.5 mg MDV 840-150 Romazicon 1 mg MDV Flumazenil, solution (0.1 mg/ml) (X10) 840-160 Romazicor Gemcitabine HCI 200 mg \$66.05 800-902 Gemzar Gemcitabine HCI \$330.15 800-910 Gemzar Idanıbicin HCI, powder \$267.00 \$534.00 kťámycin 902-300 Idarubicin HCI, powder <u>10 mg</u> 902-310 <u>Idamycin</u> Immune Globulin IV 5% 1 gm \$30.75 \$96.00 847-010 Gammar P Gammar P Immurie Globulin IV 5% 2.5 gm 847-025 Immune Globulin IN 5 gm \$192.00 847-050 Gammar I B47-100 Gammar Immune <u>Globulin IV 5%</u> 10 gm \$384.00 0.3 ml \$31.95 NEW 220-405 Interferon alfacon-1 9 incg (X6) Infergen \$53,25 NEW 220-400 Interferon aliacon-1 15 mcg (X6) 0.5 ml frinotecan HCI (20 mg/ml) 2 ml \$171.50 NEW 901-292 Camptosa \$4.00 \$10.00 10 mi 25 mi NEW 240-100 Abbott Leucovorin Calcium Predilute (10 mg/ml) NEW Leucovorin Calcium Predilute (10 mg/ml) 50 mg 50 per bottle Melphalan HCl, powder \$299.00 960-000 IV Alkéran 960-010 Melphalan HCI, lablets, 2 mg \$87.00 Alkeran 910-100 Depo-Provera Medroxyprogesterone Acetate, solution (400 mg/ml) 2.5 mJ \$102.00 Medroxyprogesterone Acetate, solution (400 mg/ml) 384.00 910-110 Depo-Provera 10 m Methylprednisolone Sod, Succ. w/1 ml diluent (x10) Methylprednisolone Sod, Succ. w/2 ml diluent (x10) Methylprednisolone Sod, Succ. w/4 ml diluent (x10) 84**0**-550 40 mg \$2.45 \$4.70 A-methaPred 125 mg A-methaPred 840-555 500 mg \$10.00 B40-560-A-methaPred 840-565 A methaPred Methylprednisolone Sod. Succ. w/8 ml diluent (x10) 1000 mg \$17.80 960-300 Versed Midazolam, solution (1 mg/ml), C-IV \$48.00 \$105.50 -960-310 Midazolam, solution (5mg/ml), C-IV <u>5 mg</u> 5 mg 5 mg Oprelvekin, powder \$192.55 NFW 222-200 Neumega 222-207 Oprelvekin, powder (x7) \$192.55 NEW Neumega 30 mg MDV 100 mg MDV \$140.26 Paclitaxel, solution (6 mg/ml) Calalog 5 900-400 Change 900-450 Taxol Paclitaxel, solution (6 mg/ml) \$467.53 10 ml MDV \$30.50 Compazine Prochlorperazine, solution (5 mg/ml) 841-635 Call change \$338.25 NEW 100 mg 500 mg Rituximab, solution 223-700 Rituxan 1,690.75 NEW 223-710 Rituximab, solution Rituxan \$75.00 202-400 Zanosar Streptozocin, powder Topotecan HCI, lyophilized powder (single vials) 4 mg \$443.00 Hycamtin Нусатий Topotecan HCI, lyophilized powder (xS)

▲ Reflects a price increase ▼ Reflects a price decrease • Reflects a product description change

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REIMBURSEMENT

Average Wholesale Prices and 1998 HCPCS Codes

s a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commonly used in cancer treatment. Products are listed alphabetically by their generic name. The AWPs are obtained from the 1997 Red Book and the January 1998 Red Book Update.

For drugs that have multiple manufacturers, the AWP for the product that OTN most commonly stocks is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units in the right two columns. Please refer to the Sourcebook for a complete listing of HCPCS codes.

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PRODUCT	VIAL			*
PRUDUCI	PHTP .	, mid	DECEMBER	"SEHCPCS BILLING .
	\$IZE	NDE .	AMENDES	CODE UNITS
Profesikini Aldesleukin, pwd (Interleukin-2)	22 MIU	53905-0991-01	442.00	J9015 per 22 MIU
EthyoP Amifostine	500 mg	17314-7253-03	322.92	10207 per 500 mg
Fungizone Amphotenian B Oral Suspension	24 mŁ	00087-1162-10	26 <u>.25</u>	<u> 19999*/13490*</u>
Blenozane Bleomycin sulfate, pwd	15 units 30 units	00015-3010-20 00015-3063-01	304.60 609.20	19040 per 15 units 19040 per 15 units
Paraplatin Carboplatin, pwd-	50 mg 150 mg 450 mg	00015-3213-30 00015-3214-30 00015-3215-30	93.46 280.33 840.99	19045 per 50 mg 19045 per 50 mg 19045 per 50 mg
BiONU Carmustine, pwd w/diluent	.100 mg	00015-3012-3B	92.94	19050 per 100 mg
Tagamet* Gmetidine HO, sol (150 mg/mL)	300 mg	00108-5017-16	3.96	J9999*/J3490*
PlatinoP-AQ Cisplatin, sol (1 mg/ml.)	50 mg MDV 100 mg MDV	00015-3220-22 00015-3221-22	195.00 389.98)9062 per 50 mg)9062 per 50 mg
Leustalin ² Cladribine, sol (1 mg/m1)	10 mg	59676-0201-01	496.80	1906S per 1 mg
Cyclophosphamide, lyophilized	100 mg 200 mg 500 mg 1 g 2 g	00015-0539-41 00015-0546-41 00015-0547-41 00015-0548-41	6.45 12.25 25.71 51.43	9093 per 100 mg 9094 per 200 mg 9095 per 500 mg 9096 per 1 g 9097 per 2 g
Cytoxan Yablets Cyclophosphamide, tablets, 25 mg Cyclophosphamide, tablets, 50 mg Cyclophosphamide, tablets, 50 mg	2 g 100 per bottle 100 per bottle 1,000 per bottle	00015-0549-41 00015-0504-01 00015-0503-01 00015-0503-02	102.89 181.03 332.21 3,164.15	19097 per 2 g 18530 25 mg 18530 25 mg 18530 25 mg
Cytarabîne, pwd	100 mg 100 mg 500 mg 500 mg	00364-2467-53 55390-0131-10 00364-2468-54 55390-0132-10	6.00 .6.25 23.06 25.00	19100 per 100 mg 19100 per 100 mg 19110 per 500 mg 19110 per 500 mg
	2 g	55390-0133-01 55390-0134-01	50.00 98.90	19110 per 500 mg 19110 per 500 mg
DTIC-Dome Dacarbazine, pwd	100 mg 200 mg	00026-8151-10 00026-8151-20	13.83 22.23	19130 per 100 mg 19140 per 200 mg
Daunoxome Daunorubicin citrate liposome im. (1 mg	/mL) 50 mg	56146-0301-01	287,50	j9999'/j3490' per 50 mg
Cerubidine Daunorubicin HCl, pwd	20 mg	55390-0281-10	168.50	19150 per 10 mg
Desmopressin Acetate, sol (4 mcg/ml.		00075-2451-01	25.64	12597 per 4 mcg
Dexamethasone, sol (10 mg/ml.) Dexamethasone, sol (4 mg/ml.)	100 mg MDV 20 mg MDV 120 mg MDV	00517-4905-25	. 12.00 2.19 7.84	.]1100 up to 4 mg/ml. - }1100 up to 4 mg/ml.]1100 up to 4 mg/ml.
Zinecant ^{p4} • Dexrazoxane for injection	250 mg 500 mg	00013-8715-62 00013-8725-89	152.39 304.76	11190 per 250 mg 11190 per 250 mg
Diazepam, sol (5 mg/ml.)	10 mg 50 mg	00364-0825-48 00364-0825-54	3.60 21.97	J3360 up to 5 mg J3360 up to 5 mg
Diphenhydramine HCl, sol (10 mg/ml Diphenhydramine HCl, sol (50 mg/ml	E) 300 mg	. 00364-6530-56	7.51 10.00 0.67	1200 up to 50 mg 1200 up to 50 mg 1200 up to 50 mg
Taxotere* - Docetaxel for injection -	20 mg 80 mg	00075-8001-20 00075-8001-80	257.92 1,031.68	19170 per 20 mg 19170 per 20 mg

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RODUCT	VIAL SIZE	NDC .	DECEMBER AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
nzemer Dolasetron mesylate, sol (20 mg/r	ու) - 5 <u>տ</u> ե	00088-1206-32	149.88)3490*	per 100 mg
uber. Doxorubicin, pwd	50 mg	00015-3352-22	197.15 394.29	19000 19000	per 10 mg
edford Laboratories	100 mg	00015-3353-22	394,29	19000	per 10 mg
Doxurubicin, pwd	10 mg 20 mg	55390-0231-10 55390-0232-10	- 45.08 90.16-	19000 19000	per 10 mg per 10 mg
Doxorubicin, sol (2 mg/mL)	50 mg .	55390-0233-01 55390-0235-10	225.40	-]9000	per 10 mg
CONTRACTOR SOL (5 INBAINE)	10.mg 20 mg.	55390-0236-10	47.35 94.70	19000 19000	per 10 mg per 10 mg
	50 mg 200 mg MDV	55390-0237-01 55390-0238-01	236.74 945.98	9000 9000	per 10 mg
hianycin ⁰⁴				•	
Doxórubicin, RDF pwd	10 mg 20 mg	00013-1086-91 00013-1096-94	48.76 92.00	19000	per 10 mg
	50 mg 150 mg MDV	00013-1106-79	24 3 .80)9000)9000	per 10 mg
Doxorubicin, pis sol (2 mg/ml.)	150 mg MDV 10 mg	00013-1116-83 00013-1136-91	716.76 51,21	19000 19000	per 10 mg
	20 mž	00013-1146-94	96.63 -)900D	per 10 mg per 10 mg
	50 mg 75 mg	00013-1156-79 00013-1176-87	. 256.06)9000	per 10 mg
Civil	200 mg MDV	00013-1166-83	384.09 946.94]9000 <u>]900</u> 0	per 10 mg per 10 mg
OXL ^o Doxombicin, HCl liposome inj. (2	mg/m1) 20 mg	61471-0295-12	606.25	J9999°	· ·
ociil*	*	;			
Epoelin alfa	2,000 units/ ml. 3,000 units/ ml.	59676-0302-01 59676-0303-01	24.00 36.00	G0136, G0136,	1,000 units
	4,000 tinits/ mL	. 5967 6- 0304-01	48.00	00136	1,000 units 1,000 units
	10,000 units/ mL 20,000 units/ 1 mL MDV	59676-0318-01	117.96	00136	1.000 units
	20,000 units/ 2 mL MDV	59676-0320-01 59676-0312-01	235.92 235.92	Q0136. Q0136.	1,000 ເກາໄຮ 1,000 ເກາໄຮ
ePesid Capsules Etoposide, capsules, 50 mg	. 20 per box	00015-3091-45	785.43	18560	50 mg
ePesid For Injection Eloposide, injection (20 mg/mL)	•	00015-3095-20	•	-	
riotomor, interest (to maille)	100 mg MDV 150 mg MDV 500 mg MDV	00015-3084-20	136.49 204.74	9182 9182	per 100 mg per 100 mg
•	500 mg MDV	00015-3084-20 00015-3061-20	665,38)9182	per 100 më
topophos	1 gn MDV	00015-3062-20	1,296.64	<u> 39182</u>	per 100 mg
Eloposide phosphate for injection	100 mg	00015-3404-20	. 124.14)99 99°	per 100 mg
Tudara Fludarabine phosphate, pwd	50 mg	50419-0511-06	196.50	. 10100	nor FO
Fluorouracil, sol (50 mg/ml)	500 mg		3.75	· <u>J9185</u> · J9190	per 50 mg per 500 mg
	2,500 mg	39769-0012-10 00013-1046-94	13.25	19190	per 500 m)
Veupogen	5,000 mg	39769-0012-90	25.00	<u>)9190</u>	per 500 m
G-CSF (Filgrastim), sol (0.3 mg/m	t) 300 mcg	55513-0530-10	161.30	.][440][441	per 300 mcs
Gemza/	480 mcg	<u>55513-0546-10</u>	256.90	<u> </u>	per 480 mc
• Gemaitabine HCl	200 mg	00002-7501-01	69.39	J9201 ⁻	per 20 m
Gemcitabine HCl	1g	00002-7502-01	346,94	19201 19201	per 20 m
GM-CSF (Sargramostim), lyophi	lized 250 mcg	58406-0002-33	117.79	12820	per 50 mc
Zoladex	500 mag	<u>58406-0050-30</u>	235.58	2820	per 50 mc
Gostrelin acetate, implant	3.6 mg syring	e 00310-0960-36	410.51	19202:	per 3.6 m
Kutri [®]	10.8 mg syning	e 00310-0961-30	1,231,53	9202 9202	per 3.6 m
Kytris • Granisetron HCl, sol (1 mg/ml.)	1 mi	00029-4349-01	177.40	J1626	per 100 mo
•	4 mt.	00029-4152-01		11626	per 100 mc
ller Kostamide	1 g	00015-0556-41	119.85	19208	
<u> </u>	1 g 3 g	00015-0557-41)9208	per 1
lfex*//desnex*** Nosfamide (10 x 1 al/meuna (10	x 1 g MDV) Combo-Pack	00016.3564.27	2.007.01	102004	
lfosfamide (10 x 1 g)/mesna (10 llosfamide (2 x 3 g)/mesna (6 x 1 lfosfamide (5 x 1 g)/mesna (3 x 1	I g MDV) Combo-Pack	00015-3564-15	2,094,91 1,256.88	9208/ 9208/	9209 19209
<u>Ilosfamide (5 x 1 g)/mesna (3 x 1</u> Venoglobulin l	I <u>ğ MDV) Combo-Pack</u>	00015-3556-26	866.96	<u>]9208/</u>	9209
venoglobulin i Immune globulin intravenous, 5% p	wdwfVset 2.5 ≠	49669-1602-01	152.05	11563	per 500 π
	owdw/IVset 2.5 g 5 g 10 g	49669-1603-01	1 304.10)1561 }156 1	рет 200 п
Venoglobulin S	. 10 g	49669-1604-0	<u> 608,20</u>	1561	<u>рег 500 гг</u>
venogrodulin 5 Immune globulin intravenous, 5% s	olw/Nvst 2-5g	49669-1612-0	1 225.00	. 31561	per 500 m
	5 g 10 g	49669-1613-0	i 450.00	31561 [1561	per 500 n
	. 100.	49669-1614-0	1 900.00)1561	рег <u>5</u> 00 п

JANUARY/FEBRUARY 1998 • OTN TEL: 1-800-482-6700 FAX: 1-800-800-5673

HIGHLY CONFIDENTIAL BMSIAWP1000095898 10A BP 01103

REIMBURSEMENT	VIAL		DECEMBER	'98 HCPCS	BILLING
PRODUCT	SIZE NI		WP/VIAL	CODE	UNITS
Immune globulin intravenous, 10% sol w/IV set	10 g 49	669-1622-01 669-1623-01 669-162 <u>4-01</u> 1	475.00 950.00 ,900.00)1562)1562)1562	per 5 g per 5 g per 5 g
Immune globulin intravenous, 10% sol w/IV set	1 g 00 2 5 g 00)192-0649-12)192-0649-20)192-0649-71	75.00 375.00 750.00	11561 11562 11562	per 5 g per 5 g per 5 g
Immune globulin intravenous, 5%-10% w/iV.ze	20 8 09 2.5 8 50 5 5 5 5	0192-0649-24 2769-0471-72 2769-0471-75 2769-0471-80	1,500.00 145.00 290.00 - 580.00)1562)1561 or)1)1561 or)1 -)1561 or)1	562 562 562 · ·
Rho D Immune globulin intravenous	300 mcg 6	0492-0082-01	306.00	<u> 13490'/39</u>	999• .
Interferori alfa 2b, solution HSA-free	3 MIU PAK 0 5 MIU - 0 5 MIU PAK 0 10 MIU 0	0085-1184-01 0085-1184-02 0085-1191-01 0085-1191-02 0085-1179-01	33.92 33.92 56.52 56.52 113.04)9214 9214 9214 9214 9214	per 1 MIU per 1 MIU per 1 MIU per 1 MIU per 1 MIU per 1 MIU
Interferon alfa 2b, pwd	18 MIU MDV (25 MIU MDV (3 MIU MDV (5 MIU MDV (00085-1179-02 00085-1168-01 00085-1133-01 00085-0647-03 00085-0120-02 00085-0571-02	113.04 203.47 282.62 33.92 56.52 113.04	39214 39214 39214 39214 39214 39214	per 1 MIU per 1 MIU per 1 MIU per 1 MIU per 1 MIU
	18 MIU MDV 25 MIU MDV	00085-1110-01 00085-0285-02 00085-0539-01	203.47 282.62 565.21	19214 19214 19214	per 1 MIU per 1 MIU per 1 MIU
Roleron® A Interferon alfa 2a, pwd w/3 ml. diluent Interferon alfa 2a, sol (3 MIU/ml.) Interferon alfa 2a, sol (10 MIU/ml.) Interferon alfa 2a, sol (6 MIU/ml.) Interferon alfa 2a, sol (6 MIU/ml.)	- 18 MIU 3 MIU 9 MIU 18 MIU 36 MIU	00004-1993-09 00004-2009-09 00004-2010-09 00004-2011-09 00004-2012-09	203.48 33.94 95.55 203.48 407.00	9213 19213 19213 19213 19213	per 3 MIU per 3 MIU per 3 MIU per 3 MIU per 3 MIU
Camptosar* Innotecan HCI injection, CPT-11 (20 mg/	mt) 2 mt 5 mt	00009-7529-02 00009-7529-01	204.41 511 <u>.04</u>	19206 19206	per 20 mg per 20 mg
- Leucovorin, pwd	50 mg 50 mg 100 mg	55390-0051-10 58406-0621-05 55390-0052-10	18.44 21.53 35.00]0640]0640 }0640	per 50 mg per 50 mg
	100 mg 200 mg 350 mg	58406-0622-06 55390-0053-01 58406-0623-07	39.41 78.00 137.94	.)0640)0640)0640	per 50 mg per 50 mg per 50 mg
Lepron Leuprolide acetate depot, susp. (7.5 mg/n	22.5 mg	00300-3629-01 00300-3336-01	540.63 1,621.89	J9217 J9217	per 7.5 mg per 7.5 mg
Lorazepam, sol (2 mg/mL) Lorazepam, sol (2 mg/mL) Lorazepam, sol (4 mg/mL) Lorazepam, sol (2 mg/mL), w/ syringe Mannitol, 25% sol	2 mg MDV 20 mg MDV 40 mg MDV 2 mg 50 ml	00008-0581-04 00008-0581-01 00008-0570-01 00008-0581-02 00074-4031-01	12.01 107.00 133.74 12.67 5.05)2060)2060)2060)2060)2150	per 2 mg per 2 mg per 2 mg
Musiangen Mechlorethamine HCl, pwd	10 mg	00006-7753-31	10.10	<u> 1923</u> (per 10 mg
Megaces Megestrol acetate, tablets, 20 mg Megestrol acetate, tablets, 40 mg	100 per bottle 100 per bottle 250 per bottle 500 per bottle	00015-0596-41 00015-0596-46			
Megace Oral Suspension Megastrol acetate, oral suspension		00015-0508-42	123,19		
Alkean* Melohalan hydrochloride, pwd Melohalan hydrochloride, lablets, 2	50 mg mg 50 per botte	00173-0130-93 00173-0045-33		1924 1861	15 per 50 mg 10 2 mg
Mesnex ^{EQ} Mesna, sol (100 mg/mL)	1 g MDV	. 00015-3563-0			
Methotrexale, pwd Methotrexale, press free sol (25 mg	200 mg	00205-4654-9 58406-0671-0 55390-0031-1 55390-0032-1 55390-0034-1	5 61.44 0 6.88 0 8.75 0 17.50	192 192 192 1 192	60 per 50 mg 60 per 50 mg 60 per 50 mg
Methotrexate, sol w/pres. (25 mg/n	250 mg nl) 50 mg	58406-0681-1	4 4.7	<u> </u>	60 per 50 mg
Methotrexate, tablets, 2.5 mg	100 per bott 36 per bott	16 (N)222-02/Y-	<u> 130.0</u>	5 186 5 186	510 2.5 mg 510 2.5 mg
Metoclopramide, sol w/pres. (5 mg/m Metoclopramide, pres. free sol (5 mg/m		39769-0066- 00013-6116- 00013-6126-	95 8.7	3)2:	765 արա 10 տղ 765 տրto 10 տ 765 տրto 10 տ

Oncology Thekapeutics Network

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BP 01104

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REIME	URSEMENT				to sure	BULLING
PRODUCT _	•	' YIAL SIZE	NDC	DECEMBER AWP/VIAL	'98 HCPCS CODE	UNITS
Mutanycin ^a Mitomycin, pv	wd	5 mg 20 mg 40 mg	00015-3001-20 00015-3002-20 00015-3059-20	134.11 452.91 915.09	9280 9290 9291	per 5 mg per 20 mg per 40 mg
Novantrone Miloxantrone	, sol 12 mg/mL)	20 mg MDV 25 mg MDV 30 mg MDV	58406-0640-03 58406-0640-05 58406-0640-07	720.04 900.03 1,080.05	9293 9293 9293	per 5 mg per 5 mg per 5 mg
Ortreolide A	cetate, sol ISO mcg/ml.) cetate, sol (100 mcg/ml.) cetate, sol (500 mcg/ml.)	50 mcg amp 100 mcg amp 500 mcg amp	00078-0180-03 00078-0181-03 00078-0182-03	5.21 9.54 43.62	19999*/13 19999*/13 19999*/13	490' 490' 490'
Zofran Ondansetror Ondansetror Ondansetror	HCl, sol (2 mg/ml) HCl, sol (2 mg/ml) HCl, sol pranted (2 mg/8 ml)	40 mg MDV 4 mg 32 mg bag	00173-0442-00 00173-0442-02 00173-0461-00	244.43 24.45 206.41	12405 12405 12405*	per 1 m per 1 m
Neumega ¹ • Optelvekin		5 mg	58394-0004-01	235.00)349 <u>0°</u>	per 5 m
TAY∩I ®	emi-synthetic sol (6mg/ml)	30 mg 100 mg	00015-3475-30 00015-3476-30	182.63 608.76	19265 19265	per 30 m per 30 m
Aredia Pamidronate	e disodium, pwd	30 mg 60 mg 90 mg	00083-2601-04 00083-2606-01 00083-2609-01	207.26 - 408.54 - 597.84	J2430 J2430 J2430	per 30 m per 30 m per 30 m
Nipeni ^{na} Pentostatin,	owd ·	10 mg	00071-4243-01	1,440.00	J9268	per 10 r
Prochlorpe	razine, sol (5 mg/ml) razine, tablets, 10 mg	10 mg 50 mg MDV 100 per box	00364-2231-48 00364-2231-54 00007-3367-20	2.64 13.00 94.50	10780 J0780	up to 10 r up to 10 r
Zantac ^a Ranitidine,	sol (50 mg/2 mt)	. 2 ml	00173-0362-38	3.99	J9999 ' /	3490'
<i>Ritu</i> ran [™] V • Rituximab	· .	100 mg	50242-0051-21	397.50	J3490°	per 100
Zanosar Streptozoo	-	1 g	00009-0844-01	74.35	<u>193</u> 20	per
Vumon Teniposide	, 50 mg	5_mt_amp	00015-3075-19	175.74	J999 <u>9</u> *	per 50
Thioplex Thiotepa,	pwd	15 mg	58406-0661-02	83.94	<u></u>	per 15
	HCI lyoph pwd	4 mg 4 mg, 5s	00007-4201-01 00007-4201-05	529.30 2,646.50	19350 19350	per 4 per 4
Neubexin* Trimetrex	ate glucuronate, pwd	25 mg, 10s 25 mg, 50s	ea. 58178-0020-10 ea. 58178-0020-50	2,610.0 <u>0</u>)3305)33 <u>05</u>	per 21 per 21
	e, sol (5,000 IU/mL)	5,000 IU 9,000 IU	00074-6111-01 00074-6145-02	2 93.5 <u>4</u>	13364 13364	per 5,00 per 5,00
-	ne sulfate, pwd	10 mg 10 mg	55390-0091-10 00364-2447-5 00469-2780-3	0 21.25 4 37.50 0 43.23	19360 19360 19360	per
Vindristin	ne sulfate, sol (1 mg/ml.) ne, preservative free sol (1 r	I DOS.	00013-7456-8 61703-0309-0 00013-7466-8	6 37.08 6 31.75	19370 19370	per per
·	<u>. </u>	2 mg . 2 mg	61703-0309-1			per per

† The drug code [3490 is defined as "unclassified drug." These drugs may or may not be defined as an unclassified drug in your area. Consult your local carrier for the appropriate code.

Convention Calendar for 1998

Don't lorgel to mark your calendar for the 1998 conventions! This is an excellent opportunity to meet your OTN representative. OTN will attend the ONS convention in San Hancisco and will exhibit at

 An ANER HCPCS code or NDC that has changed or been added
 has been highlighted in color. The drug code 19999 is defined as 'not otherwise classified, antiaeoplastic drug." The Health Care Financing Administration (HCFA) has not assigned specific codes to these drugs.

> AOHA in St. Look and ASCO in Los Angelis your account representative to arrange a meeting one of the OTN representatives attending the account representatives attending the account representatives attending the account representatives are represented by the account representative to arrange a mise and the account representative to a mise and the account representative account representative and the account representative ac ventions, or stop by our booth

Adminstrators in Oscology/ Hematology Assambly (AOHA) April 22-24, 1998 St. Louis, MO

Rocology, Advising Society (ORS): May 7-10, 1998 San Francisco, CA

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HIGHLY CONFIDENTIAL BMSIAWP/000095900

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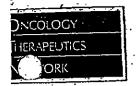
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^{\$} Q0136 is the code for non-ESRD (End Stage Renal Disease) use.

^{+ 12405} should be used for all formulations of Zofran.

ONCOLOGY	March/April 1998
THERAPEUTICS	ODI NEW C
NETWORK 1	ORK NEWS
A RIMONTHIV LIPPATE FOR COMMUNIC	Y-BASED ONCOLOGY PROFESSIONALS
	NOW SERVICE STATES
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A CONTRACTOR OF THE PROPERTY O	Intron® A & Dosing Guide
	FARESTON® New Indication for Infron® A
	Anzemel®1
	TAXOL® and Paraplatin® Reimbursement Program
	Reimbursement Program
	OTN Non-DEHP IV Administration Set 5
	Neumega
	Oncology Drug Updates 3-1-1
	Sourcebook Update
	Reimbursement
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BP 01106





Intron[®] A — HSA-Free —and— Original Formulation



interieron alfa-2b, recombinant:

OTN offers Intron A in the following sizes and formulations:

HSA-FREE SO CATALOG NUMBER	NDC	HCPCS CODE	TIEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
	0085-1184-01	19214	Intron A solution	3 MIU/0.5 mL	1 .	\$30.40
220-151		19214	Intron A solution	5 MIU/0.5 ml	11	\$5 <u>0.70</u>
220-163	0085-1191-01		Intron A solution	10 MIU/1 mL	1	\$101.30
220-171	0085-1179-01	<u> 19214</u>		18 MJU/MDV	. 1	\$182.40
220-191	0085-1168-01	<u> 19214</u>	Intron A solution	- 25 MIU/MDV	. 1	\$253.15
- 220-194	00B5-1133-01_	J9214	Intron A solution	· ZS MIUIMUV		4233.13

	HSA-FREE SC CATALOG NUMBER	NDC	HCPCS CODE	ПЕМ	UNIT SIZE	٠	ORDER QTY .	PRICE/ UNIT
:			19214	Intron A solution, Pak-3	3 MIU		6`	\$30.40
	220-156	0085-1184-02		Intron A solution, Pak-5	5 MIU		6	\$50.70
	22 0-1 66	0085-1191-02	<u> 19214</u>				6	\$10130
	220-174	0085-1179-02	<u> 19214 - </u>	Intron A solution, Pak-10	10 WIU			710100

Paks include six vials, six syringes, and six alcohol swabs

^{*} H5A-free formulation is recommended for intramoscular, subcutaneous, or intralesional administration. Intron A solutions for injection are not recommended for IV administration.

CATALOG	FORMULATIONS**	HCPCS CODE	ITEM.		UNIT SIZE	ORDER QTY	PRICE/ UNIT
NUMBER			Intron A powder		3 MIU/MDV	_ ₁	\$30.40
220-150	0085-0647-03	<u> 19214</u>					\$50.70
220-160	0085-0120-02	<u> 19214</u>	Ільов А рождег		5 MJU/MDV		
220-170	0085-0571-02	19214	Intron A powder		10 MIU/MDV	<u> </u>	\$101.30
220-175	0085-0285-02	19214	Intron A powder	•	25 MIU/MDY	<u>'1</u>	\$253.15
			Intron A powder		18 MJU/MDY	ŀ	\$182.40 _
220-186	0085-1110-01	<u> 19214</u>					18 COC 70
220-180	0085-0539-01	J9214	Intron A powder		50 MIU/MDV		\$506 <u>.70</u>

^{**} Original formulation is recommended for intramuscular, subtutaneous, intralesional, or intravenous administration.

Intron A is a product in OTN's Price Matching Program

Intron A Dosing Guide

	·	
INDICATION	RECOMMENDED DOSAGE	RECOMMENDED VIAL SIZE
	3 MJU SC or IM TIW	3 MJU/0.5 mL or Pak-3 or 18 MJU MDV
Chronic hepatitis C		
Chronic hepatitis B	30 - 35 MIU/ week SC or LM (5 MIU qd or 10 MIU TIV x 16 weeks)	5 MAU/0.5 m), or Pak-5 or 10 MAU/1.0 m), or Pak-10
Malignant melanoma	Induction: 20 MIU/m² IV 5 consecutive days/week x 4 weeks	SO MIU powder/1.0 ml
	Maintenance: 10 MiU/m² TIW SC x 48 weeks	18 MIU powder/1.0 ml
Hairy cell leukemia	2 MIU/ m² SC or 1 MIU TIW	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10 or 18 MIU MDV
AIDS-related Kaposi's sarcoma	30 MIU/m² SC or IM TNV	50 MiU/1.0 mL powder
Condylomata acuminata	1 MIU TIW (alternate days) x 3 weeks	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10

395 Oyster Point Blvd. Suite 405, So. San Francisco. CA 94080.

reader is encouraged to review the manufacturer's package insert where applicable. Comments and suggestions are welcome. Address them to Stasta Lottor, The Network News, Coccology Therapeutics Network:

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10A



(toremifene citrate) 60 mg Tablets

From Schering

Indication and Usage:

ARESTON is indicated for the treatment of metastatic breast cancer in postmeno-pausal women with estrogen-receptor positive or unknown tumors.

Description:

FARESTON (toremilene citrate) tablets for oral administration each contain 88.5 mg of toremilene citrate, which is equivalent to 60 mg toremilene. FARESTON is a nonsteroidal antiestrogen. FARESTON is available only as tablets for oral administration.

Dosage and Administration:

The dosage of FARESTON is 60 mg, once daily, orally. Treatment is generally continued until disease progression is observed.



Reimbursement Information

Please contact Schering's COMMITMENT TO CARESM Program

at 1-800-521-7157

for reimbursement and product information.

FARESTON Tablets

CATALOG NUMBER	NDC	UNIT SIZE	ORDER QTY	PRICE/UNIT	AWP
970-860	0085-1126-01	60 mg	30 tablets	\$85.75	\$97.26
970-861	0085-1126-02	60 mg	100 tablets	\$285.65	\$324.20

Schering-Plough Announces

FDA Clearance of Intron® A for Non-Hodgkin's Lymphoma

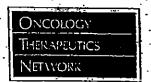
- Madison, NJ, November 10, 1997

Chering-Plough Corporation announced marketing clearance by the US Food and Drug Administration of Intrun A for injection in conjunction with anthracycline-containing combination chemotherapy for the initial treatment of patients with clinically aggressive non-Hodgkin's lymphoma, a cancer of the lymphatic system. Intron A is the first and only biologic agent that has been shown to signifi-

cantly prolong progression-free survival in previously untreated patients with follicular lymphoma.

Recommended dosing:

5 MiU TIW SC up to 18 months in conjunction with chemotherapy regimen.



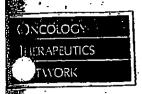
Schering

Schering

OTN TEL: 1-800-482-6700 FAX: 1-800-800-5673 MARCH/APRIL 1998

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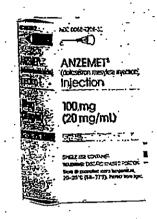


dolasetron mesylate A New 5-HT₃ Receptor Antagonist from Hoechst Marion Roussei

Excellent Efficacy and Safety Profile

olasetron mesylate (Anzemet) received final approval from the FDA on October 17, 1997.

- Anzemet Injection is indicated for the prevention of nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including high-dose cisplatin.
- Anzemet Tablets are indicated for the prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy, including initial and repeat courses.



For more information on dosing and administration, please contact your OTN account representative or your Hoechst Marion Roussel representative.

Great Value!

CATALOG	NDC	BRAND NAME	ПЕМ	UNIT SIZE	ORDER QUANTITY	PRICE/ UNIT	AWP
900-250	00B8-1206-32	Anzemet	dolasetron mesylate	100 mg vial	11	\$70.00	\$149.88
970-300	00B8-1203-05	Anzemel	dolasetron mesylate	100 mg tablets	5	\$289.75	\$330.00
970-305	0088-1203-29	Anzemet	dolasetron mesylate	100 mg tablets. · blister pack	5 -	\$289.75	\$330.00
970-310	0088-1203-43	Anzemel	dolaseron mesylate	100 mg tablets	. 10	\$579.50	\$660.00

Outstanding Support:

Reimbursement and Patient Assistance Program Hotline 1-888-895-2219

Call the Anzemet Hotline for help with reimbursement and patient assistance programs, Monday through Friday between 10:00 am and 6:00 pm ET.

10A **BP 01109**

Community Oncology TAXOL® (Paclitaxel) and Paraplatin® (Carboplatin)

Reimbursement Guarantee Program

Background

Obtaining reimbursement for chemotherapy drugs is often a time-consuming and laborious task. To relieve your practice from this insurer "hassle factor," Bristol-Myers Squibb Oncology (BMSO) has developed a preauthorization service that is available to you free of charge, called ProCERT. The program is available for TAXOL Injection and Paraplatin and offers a drug replacement guarantee for qualifying unreimbursed claims.

Objective

The goal of ProCERT is to assist community physicians in offering the best available treatment to their cancer patients. ProCERT significantly reduces the financial risk of providing TAXOL or Paraplatin therapy.

The Service

When a patient is a candidate for TAXOL or Paraplatin therapy and insurance coverage is uncertain, call ProCERT. ProCERT will collect all the pertinent patient-payer information and literature support, and then act as your agent to obtain preauthorization for the treatment plan from the insurer. If the treatment plan is approved, ProCERT will inform your practice of the approval and any billing/coding requirements necessary. If the preauthorization is denied. ProCERT will formulate an appeal to gain a reversal. If unsuccessful, the TAXOL or Paraplatin and any other BMSO product used with it will be replaced for the patient. Free drugs will also be provided for subsequent cycles to complete the full course of therapy. The replacement TAXOL or Paraplatin will be shipped along with a no-charge invoice. If the drug is subsequently reimbursed by the insurer, then the no-charge invoice will become a charge invoice for payment. This will protect you from any potential implications of insurance fraud.

Program Qualification

Replacement TAXOL and Paraplatin is provided to community oncology practices through Oncology Therapeutics Network (OTN). You will therefore need to have an open account with OTN.

Process

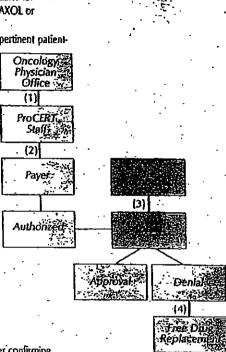
- (1) Physician office calls ProCERT for preauthorization of the TAXOL or Paraplatin treatment plan
 - Physician office provides pertinent patientpayer information to
- Procest

 Procest staff contacts
 payer to determine
 patient eligibility,
 preexisting conditions,
 limitations, benefits,
 and preauthorization
 - ProCERT advises physician of status within one business day
- (3) ProCERT will pursue all available levels of appeal if the payer denies benefits for TAXOL or Paraplatin
- (4) ProCERT (in conjunction with BMSO) authorizes free replacement of TAXOL or Paraplatin after confirming levels of appeals have been denied

Exclusions

- Uses for which supporting literature cannot be found and/or a letter of medical necessity cannot be provided
- Procent does not negotiate payer payment levels
- If physician subsequently receives reimbursement from a payer, the no-charge invoice becomes a charge invoice for payment to OTN
- Uninsured patient who may qualify for the Bristol Myers Squibb Oncology Access Program

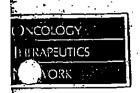




For more information, call 1-888-ProCER3

OIN TEL: 1,000-482-6700 FAX: 1,800-800-5673 - MARCH/APRIL 1998

10A BP 01110



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2% Upon Receipt of Order

Set up an electronic direct-debit account with OTN and receive a 2% discount on all purchases for payment made upon receipt of order.

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Contact your account representative today to start saving with OTN's Early Pay Discount Terms.

Early Pay Discount Example 2% Discount 1% Discount A practice that purchases Purchases Savings Per Savings Per \$50,000 per month in oncology drugs and supplies Year. <u>Month</u> Month <u>Year</u> can save up to \$12,000 per \$12,000 \$6,000 \$1,000 \$50,000 \$500 year with OTN.

OTN Now Has Non-DEHP IV Administration Sets in Stock

TN is proud to announce the introduction of a non-DEHP IV administration set under OTN's own label. This product was formerly sold under the SoloPak label. This all-inclusive, yented set incorporates non-DEHP tubing with a 0.22 micron filter and is:

✓ Easy-to-use

✓ Cost-effective

CATALOG NUMBER	ITEM	DROPS/ML	TURING LENGTH	UNIT SIZE	PRICE
573-600	Primary solution set with Non-DEHP	20	84*	1 each	\$3.95
_	hibing and 0.22 micron lilter, vented				

Call OTN today and place your order: 1-800-482-6700

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BP 01111

NEW from GENETICS





The first platelet growth factor available for the prevention of severe chemotherapy-induced thrombocytopenia — is reduction in platelets, blood components essential to the body's blood-clotting process.

eumega is indicated for the prevention of severe thrombocytopenia and the reduction of the need for platelet transfusions following myelosuppressive chemotherapy in patients with nonmyeloid malignancies at high risk for severe thrombocytopenia.

In clinical trials, apart from the condition of the underlying disease state, most adverse events associated with Neumega were mild to moderate in severity, associated with fluid retention; and reversible after discontinuation of dosing. The most common adverse events associated with Neumega treatment included peripheral edema, dyspnea, tachycardia, and conjunctival redness.

Convenient

- Lasy to prepare, easy to inject
- ✓ Easy-to-store boxes
- √ No preservatives and free of human/animal blood or plasma products

Excellent Support

- Supported by a highly trained Genetics Institute oncology sales force
- √ The Neumega reimbursement houline is available at 1-888-NEUMEGA

CATALOG NUMBER	NDC	BRAND NAME	ПЕМ	UNIT SIZE	ORDER OTY	PRICE/ UNIT	AWP
222-200	58394-004-01	Neumega	oprelvekin, sterile tyoph pwd with diluent	5 mg	1/box_	\$192.55	\$235.00
222-207	58394:004-02	Neumega	oprelvekin, sterče lyoph pwd with diluent	5 mg	7/box	\$192.55	\$235.00

Call OTN today and place your order: 1-800-482-6700

Ethyol® (amifostine for Injection) From Alza Pharmaceuticals

Iza Pharmaceuticals/US Bioscience has replaced refrigerated Ethyol with a new crystalline formulation. Prior to reconstitution, Ethyol can now be stored at room temperature.

Ethyol is also mannitol-free and no longer cames the contraindication for mannitol-sensitive patients.

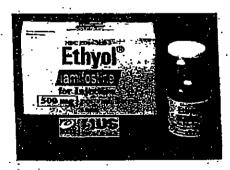
Ethyol is indicated to reduce the cumulative renal toxicity associated with repeated administration of cisplatin in patients with advanced ovarian cancer or non-small-cell lung cancer.

CATALOG

NUMBER

902-500





•	<u> </u>
UNIT	ORDER PRICE/
SYZE	QTY UNIT
500me	1 \$289.50

For medical questions on Ethyol, please call:

Oncology Therapeutics

VETWORK

1-800-506-4959

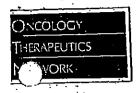
For reimbursement questions on Ethyol, please call:

1-800-609-1083

OTN TEL 1-800-482-6700 FAX: 1-800-600-5673 MARCH/APRIL 1998

ITEM

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ONCOLOGY DRUG UPDATES

Rho(D) Immune Globulin Intravenous (WinRho (D) SDF, "NABI; for Immune Thrombocytopenic Purpura

mmune thrombocytoperic purpura (ITP), also known as idiopathic thrombocylopenic purpura, is an autoimmune disorder caused by anti-platelet autoantibodies, leading to platelet destruction by the reticuloendothebal system. Chronic ITP is more common in adults than children and both syndromes are diagnosed by exclusion, after ruling out other types of immune thrombocytopenia. ITP is a relatively common disorder, with an incidence of approximately 58-66 new cases per million persons per year and with a mortality rate of approximately 4%. In many cases, particularly uncomplicated acute ITP in children, care is provided by family practitioners or general internists who have experience in this area. More difficult cases, including those involving active bleeding and/or in patients who have failed frontline therapy, require the expertise of a hematologist or oncologist. Although conficosteroid treatment, in many cases followed by splenectomy, is considered standard therapy, there are a number of other therapies that have been employed for this disease. Minute details of each type of treatment are beyond the scope of this article, but do include glucocorticoids such as prednisone or dexamethasone, vincristine danazol, colchicine, dapsone, cyclophosphamide, azathioprine, high-dose cyclophosphamide, combination chemotherapy with cyclophosphamide-prednisone-etoposide, interferon, cyclosponne, and immune globulin intravenous, IGIV. Despite the relatively common incidence of this disorder, there is a lack of well-conducted chrical trials comparing various treatment modablies. This problem was underscored by the recent attempt by the American Society of Hematology to establish firm, scientifically based treatment guidelines for treatment of ITP.14 Due to the lack of rigorous scientific trials, the guideline's development panel was required to generate suggested guidelines based on the expertise of the panel members and their assessment of the numerous case-control trials present in the fiterature. The guidelines themselves are far too lengthy to describe here, but they have been published in both complete and abridged form and are readily available for review by interested readers.14 Frequently mentioned in these guidelines, especially for severe cases in patients actively bleeding and/or about to undergo splenectomy, is the use of IGIV. Although expensive, logistically complicated,

and not without risk of infectious complications—concerns common to blood products in general—IGIV is now frequently used for ITP, especially in adults.

Use of IGIV for ITP is currently made more difficult by the ongoing nationwide shortage of commercial availability. Factors contributing to this shortage include increased use of IGIV for various disorders, production delays among the six manufacturers, and multiple recalls of various brands of IGIV in the past year due to concerns about . possible contamination by donors thought to be suffering from Creutzfeldt-Jalob disease (CJD). One type of intravenous immunoglobulin not in short supply is Rho (D) Immune Globulin Intravenous (WinRho (D) SDF, NABI). WinRho is a sterile, freeze-dried, gamma globulin (IgG) fraction containing antibodies to Rho (D), manufactured with a special solvent detergent treatment step (using tri-n-butyl phosphate and Triton X-100) that is effective in mactivating lipid-enveloped viruses such as hepatitis B, hepatitis C, and HIV, thus reducing the likelihood of virus transmission. In addition to its well-known use to suppress Rh isoimmunization, it is also FDA-approved for treatment of ITP. WinRho is labeled for the treatment of non-splenectomized Rho (D) positive children with chronic or acute TIP, adults with chronic TIP, children and adults with ITP secondary to HIV infection in clinical situations requiring an increase in platelet count to prevent excessive hemourhage.

Clinical use of WinRho has been described in a number of papers over the past several years. Comprehensive review of these papers is beyond the scope of this article, but a brief description of several papers follows. Blanchette et al published the results of a multi-center controlled trial comparing WinRho to high-dose and lowdose IGIV and prednisone in 146 children with acute ITP and platelet counts < 20,000/ mm2. Of 38 patients receiving WinRho 125 IU (25 mcg) per kg on days 1 and 2, 32 patients (84%) responded with an increase in platelet count equal to or greater than 50,000/mm³ with a mean platelet count of 319,500/mm3 (61,000/mm3-892,000/mm3). Time to reach platelet counts of 20,000/mm or 50,000/mm3 were not statistically significantly different between the treatment groups. Bussel et al reported the results of an

unblinded single-treatment arm study of 43 non-splenectomized Rh+ patients, 38 of whom had pretreatment platelet counts less than 30,000/mm3.4 There were 23 adults (14) were HiV+) and 20 children (14 of whom had had ITP for 6 months or longer). WinRho was initially dosed at 10 mcg/kg, followed by 20 mcg/kg/day, during the first week, until the platelet count rose by 20,000/mm or the hemoglobin decreased by greater than 2 g/dL. After the first 13 patients, due to lack of response, the dose was increased to 25 mcg/kg on day I followed by 25 mcg/kg on days 3 and 4, using the same criteria for cessation of treatment. Maintenance therapy was in single doses of 25-60 mcg/kg (50% 100% of the induction dose) as needed to maintain platelet counts of 20,000/mm 30,000/mm*. Despite lack of dear correlations between dose of the WinRho and platelet response, platelet increases (to > 20,000/mm³) were seen in 79% (34/43) and therapy was generally well tolerated. Scaradavou et al described results of WinRho therapy in 261 non-splenectomized Rh+ patients treated in open label fashion from lune 1987 to December 1994.5 Of these 161, 43 were patients previously reported in the Bussel trial noted above. There were 124 children and 137 adults who received WinRho for 45 days in doses as used in the earlier study. The mean platelet count increase for all 261 patients was 76,000/mm3. A total of 189 (72%) responders had platelet count increases of ≥ 20,000/mm³ and 119 patients (46%) had platelet count increases of ≥ 50,000/mm². Therapy was generally well tolerated, with 59 adverse events in 1,842 infusions (3.2%). Reactions occurring at least twice included headache, nausea, chills, fever, and dizziness.

Whereas IGIV commonly takes 46 hours per infusion, WinRho may be given at a dose of 250 IU (50 mcg) per kg as a 3-5 minute IV push, a much more convenient dosing regimen than IGIV. WinRho must be used cautiously in anemic (Hgb < 10) patients due to its ability to exacerbate anemia. It is contraindicated in patients allergic to it and patients deficient in IgA. This medication should not be administered to Rh(D) negative or solenectomized individuals.

Continued on the following page

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